

**DISADVANTAGED BUSINESS ENTERPRISE (DBE)
CERTIFICATION APPLICATION**



Columbus Regional Airport Authority

Used in Certifying firms under
Title 49 of the Code of Federal Regulations (CFR) Part 26

Legal Name of Business: _____

Other Names Used by Business: _____

Federal Tax Identification No.: _____

Street: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

Telephone#: □□□/□□□-□□□□ Fax#: □□□/□□□-□□□□ Cell#: □□□/□□□-□□□□

E-mail address: _____

Web-site (if firm has one) _____

IMPORTANT INFORMATION FOR APPLICANT

To be eligible, a firm must be an existing independent small business (as defined by Small Business Administration standards) that is owned and controlled, at least 51%, by socially and economically disadvantaged individuals. Each firm seeking certification must demonstrate to the Columbus Regional Airport Authority (CRAA) that it meets the requirements of Chapter 49 of the Code of Federal Regulations, Part 26 concerning group membership or individual disadvantage, business size, ownership, and control. Firms seeking DBE certification shall cooperate fully with requests for information relevant to the certification process. Failure or refusal to provide such information is a ground for denial or removal of certification.

The DBE program has certain specifications for business size and personal net worth. For continued eligibility, a firm must not exceed their business-type Standard Industrial Code Classification (SIC) or North American Industrial Code (NAIC) limit which is averaged over a three-year period. Further, there is a personal net worth limit of \$750,000.

After completing the first six sections of the application, companies that are applying as a corporation must complete section VII, companies applying as a limited liability company must complete section VIII, and companies applying as a partnership must complete section IX. If your business is located outside of the state of Ohio, you must first apply for and become certified with your home state.

This certification will last for a three-year period. However, there is a requirement for the submission of an *annual affidavit*. This affidavit will outline any changes that have occurred within the company for the past *12-month period* and will also ask for the submission of business and financial information for both the business and individual owners. Please note that major changes in the structure of the company are to be reported to our office within 30 days of the change.

For sample resume and application checklist, see Appendix on Pages 14 thru 16.

Once completed, return the application and all supporting documentation to the following address:

Columbus Regional Airport Authority
DBE Program Office
4600 International Gateway
Columbus, OH 43219
(614) 239-5049
<http://www.port-columbus.com>

This office will render a certification decision within the legally allotted 90 days after receipt of a completed application. A completed application consists of adequate responses to all applicable areas and submittal of all applicable supporting documentation.

SECTION I: GENERAL INFORMATION

1. Check which categories of social and economic disadvantage apply:
- African American Asian Pacific Islander Asian Indian
 Hispanic Native American Woman
 8(a) firm Social and Economic Disadvantage (specify) _____

Are you a U.S. Citizen or a lawfully admitted permanent resident? Yes No

Submit with the application, copies of documentation to verify your social status, i.e., birth certificates, DD-214's, passports, etc.

2. When was the applicant business first started? _____

3. State the percentage of ownership for each owner. Attach additional pages if necessary.

OWNER'S NAME	PERCENTAGE OF OWNERSHIP

4. Has the legal structure of the business changed since the business started? Yes No
 If yes, list changes and dates of change _____

5. Check the box which corresponds to your company's business type:

Sole Proprietorship Corporation Limited Liability Company
 Partnership Other, please describe _____

6. List the three largest contracts completed in the past 24 months:

PRIME CONTRACTOR	PROJECT NAME	PROJECT MANAGER	AMOUNT OF CONTRACT	TYPE OF WORK

7. Would you be willing to work in all counties in Ohio? Check here for entire State
 If not, which counties would you prefer. _____

8. Submit with the application copies of lease agreements or ownership documents for all facilities utilized by the business.

9. Submit with the application copies of any required local, county, and state business licenses, permits, certificates, registrations, or other credentials required to operate this business.

SECTION II: FINANCIAL INFORMATION

1. List all contributions/investments of cash, equipment, real estate, expertise, or other consideration used

by each owner to acquire ownership in the applicant business. List the value of each contribution. For cash, show origin as joint/personal savings or checking account, loan, etc. For equipment, list the actual items, value of each piece of equipment, and proof of prior ownership. For real estate, provide a description, estimated market value, and proof of prior ownership. Provide documentation to prove all contributions, i.e., canceled checks, deposit slips, bills of sale, purchase agreements, receipts, or other evidence for each contribution or investment made to acquire ownership in this business. Attach additional pages if necessary.

Name: _____
 Equipment: \$ _____
 Real Estate: \$ _____
 Cash: \$ _____
 Other: \$ _____
 Total: \$ _____

Name: _____
 Equipment: \$ _____
 Real Estate: \$ _____
 Cash: \$ _____
 Other: \$ _____
 Total: \$ _____

Name: _____
 Equipment: \$ _____
 Real Estate: \$ _____
 Cash: \$ _____
 Other: \$ _____
 Total: \$ _____

Name: _____
 Equipment: \$ _____
 Real Estate: \$ _____
 Cash: \$ _____
 Other: \$ _____
 Total: \$ _____

2. List any additional contributions / investments made by anyone since the business started. Attach additional pages if necessary.

Name: _____
 Amount: _____
 Purpose: _____
 Date: _____

3. List any gifts, transfers of shares, inheritance, or divorce settlement that was used to acquire ownership in the business. Attach additional pages if necessary. _____

- a. List the source of the above stated assets. _____
- b. List the amount and type of the above stated assets. _____
- c. Explain any stipulations or conditions attached to this gift, transfer of shares, or inheritance when it was received. _____

4. Provide the name of the financial institution(s) where you have business account(s). Please identify the type of account such as checking, line of credit, etc. Attach additional pages if necessary.

5. List all business related bank loans, notes payable, promissory notes, etc. owed by individual owners or the applicant business. Provide copies of all loans and security/collateral agreements. **Note:** If signatures used to secure the loan are not that of the applicant(s), explain the signatory's

relationship to this business or the owner.

6. Submit with the application copies of the business' Federal business taxes for the last three years.
7. Submit with the application a copy of the business' annual financial statement for the most recent fiscal year end.
8. Submit with the application copies of each owner's Federal personal tax returns for the last three years.

SECTION III: EQUIPMENT

Submit with the application a list of all currently owned or leased equipment.

SECTION IV: CONTROL

1. Complete the following. (Each block must be completed - even if N/A)

DUTIES	INDIVIDUAL RESPONSIBLE/ TITLE	REPORTS TO:	GENDER/ ETHNIC STATUS
Financial decisions			
Purchases of major items or supplies			
Day-to-day operations			
Day-to-day administration			
Office management			
Marketing/Sales			
Hiring & firing management personnel			
Hiring and firing field personnel			
Determines project selection			
Estimating/Quoting			
Negotiates & executes contracts			
Negotiates & executes surety bonds			
Supervision of field operations			

If other duties are deemed critical to the operations of the business, continue list on a separate page.

2. List all individuals who have signature authority for the following:

Business Checking	
Payroll	
Contracts/Subcontracts	
Bonding	
Leasing Agreements	
Business Loans/Lines of Credit	
Any other fiscally binding company documents	

3. Indicate the annual salaries of all officers, owners, and those individuals responsible for the day-to-day operations of the business. Where no salary is drawn, please list the method of compensation. Attach additional pages if necessary.

NAME	TITLE	SALARY/COMPENSATION

4. a. Do any of the owners/principals/board members/officers own stock in any other business engaged in a similar type of business? Yes No
2. Is any owner of the business, or any principal/board member/officer, current employee, owner, or former owner of any business engaged in the same or similar type of business? Yes No
- c. If yes to either of the above questions, list the person’s name, name of company, number of shares owned and positions held with the other business: _____

5. Describe and explain any changes in the duties, powers, or personnel made during the past two years with respect to owners, principals, officers, and/or directors of the business:

6. Submit a resume with the application for each owner, detailing previous employment, company names, dates of employment, positions/titles held, duties and responsibilities, education and training, and degrees and certificates received that demonstrate the owners’ ability to fulfill the requirements of their position with this business. **Minority, female, or socially and economically disadvantaged owners must also include information that demonstrates that they are able to critically evaluate the technical aspects of the business.** See the sample resume on page 14.

SECTION V: CERTIFICATION

1. Is this business currently certified as a Disadvantaged Business Enterprise by any state or local government agency? Yes No

If yes, please attach a copy of the certification letter. **Note:** If your firm’s home office is located outside of Ohio, you must first become certified with your home state CRAA before applying for certification with the Ohio CAA.

NAME OF DIRECTORS	RACE/ ETHNIC STATUS	TITLE

5. List all company officers:

	NAME	GENDER/ ETHNIC STATUS	ANNUAL SALARY WITH APPLICANT COMPANY
PRESIDENT			
VICE-PRESIDENT			
SECRETARY			
TREASURER			

SECTION VIII: LIMITED LIABILITY COMPANY

1. If your company is an LLC, please complete the following:
 - a. Number of member units issued: _____
 - b. Attach copy of the company’s registration with the office of the Secretary of State.
 - c. Attach a copy of the Operating Agreement.
 - d. Attach copies of the business’ meeting minutes for the past three years.

2. List all Members. Attach additional pages if necessary.

Name of Member	Race/Ethnic Status	Gender	Certificates Owned	Annual Salary with Applicant Company

SECTION IX: PARTNERSHIPS, GENERAL AND LIMITED

1. If your business is a partnership, submit a copy of the agreement and complete the following:

Name of Partner	Race/Ethnic Status	Gender	Percentage Owned	Annual Salary with Applicant Business



AFFIDAVIT

The undersigned swears that he or she has read and understands this certification application and that he or she has the authority to sign this affidavit and that the application responses, the foregoing statements, and accompanying documents are true, complete, and correct and include all materials requested and/or necessary to identify and explain the ownership and operation of:

_____ (Name of Applicant Business)

The above named business agrees:

1. To abide by the requirements of the **Disadvantaged Business Enterprise (DBE) Program** and Title 49 of the United States Code of Federal Regulations, Part 26.
1. To notify the CRAA within thirty (30) calendar days, of any change in the **ownership**, control, management, or status of the business, and of any denial or de-certification of this business as a DBE by any other certifying agency.
2. To allow the CRAA the right to conduct a review of the business contracts, facilities, and records and to request and review whatever other additional information as deemed necessary to monitor continued DBE eligibility.
3. To answer any question and to supply the CRAA with any documentation requested during the period of certification and that failure to do so may be cause to deny DBE certification.
4. That the CRAA may deny certification or rescind certification and initiate action under Federal or State laws concerning false statements, if during or after the certification process, it finds that the undersigned has submitted false, inaccurate, or misleading information.
5. That the CRAA has the right to refuse certification of any business, based on the implementation of the DBE eligibility standards, despite the fact that said business may be certified by another entity.

By my signature I recognize and accept the six (6) statements above governing the consideration of this application and the maintenance of my business' certified status.

Print Name: _____

Signature: _____ Date: _____

On this _____ day of _____ before me appeared (name of above who signed affidavit)

_____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized to execute the affidavit and did so of his or her own free act and deed.

Notary Public _____

State of _____

Commission Expires _____



Columbus Regional Airport Authority
 Disadvantaged Business Enterprise Program
Affidavit of Personal Net Worth

As of December 31, _____

The CRAA requires each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of personal net worth, with appropriate supporting documentation, 49 CFR, 26.67(2). Each owner must complete their own personal net worth statement. Each owner and their respective spouse must complete their own personal net worth statement. This form may be copied.

Columbus Regional Airport Authority
 Disadvantaged Business Enterprise Program
Affidavit of Personal Net Worth
 As of December 31, _____

Name Business Phone ()

Residence Address Residence Phone ()

City, State & Zip Code

Name of Applicant Business

Assets	(Omit cents)	Liabilities	(Omit cents)
Cash on hand and in banks	\$ _____	Accounts payable	\$ _____
Savings accounts	\$ _____	Notes payable to banks and others (Section 1)	\$ _____
IRA or other retirement accounts	\$ _____	Installment account (Auto)	\$ _____
Accounts and notes receivable ...	\$ _____	Installment account (other)	\$ _____
Life insurance - cash surrender value only (Section 7)	\$ _____	Loan on life insurance	\$ _____
Stocks and Bonds (Section 2) (Exclude interest in applying business)	\$ _____	Mortgages on real estate (Section 3)	\$ _____
Real estate (Section 3) (Exclude primary residence)	\$ _____	Unpaid taxes (Section 5)	\$ _____
Automobiles - estimated current value	\$ _____	Other liabilities (Section 6)	\$ _____
Other personal property (Section 4)	\$ _____	Total Liabilities	\$ _____
Other assets (Section 4)	\$ _____	Net Worth	
Total Assets	\$ _____	Total Assets minus Total Liabilities	
		\$ _____

Section 1. Notes payable to bank and others. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Name and address of note holder(s)	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	Secured or endorsed (type of collateral)

Section 2. Stocks and bonds. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed. **Exclude interest in applying business**

Number of shares	Names of securities	Year-end market value per share	Year-end market value of total shares

Section 3. Real estate owned. List each parcel separately. **Exclude your primary residence.** Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

	Property A	Property B	Property C
Type of property			
Address			
Date purchased			
Original cost			
Estimated current value			
Name and address of mortgage holder			
Mortgage balance			

Section 4. Other personal property and other assets. List each asset with an estimated current value.

Exclude the value of the applicant business. Use additional pages is necessary. Each additional page must be identified as a part of this statement and signed.

Section 5. Unpaid taxes. List the type and the amount. Use additional pages is necessary. Each additional page must be identified as a part of this statement and signed.

Section 6. Other liabilities. List the estimated current value of all other liabilities. Use additional pages is necessary. Each additional page must be identified as a part of this statement and signed.

Section 7. Life insurance held. List the face amount and cash surrender value of all policies along with the name of the insurance company and beneficiaries. Use additional pages is necessary. Each additional page must be identified as a part of this statement and signed.

I authorize the CRAA to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE program at the CRAA. These statements are true and correct to the best of my belief.

Print Name: _____

Signature: _____ Date: _____

On this _____ day of _____ before me appeared (name of above who signed affidavit) _____

to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized to execute the affidavit and did so of his or her own free act and deed.

Notary Public _____

State of _____

Commission Expires _____



Columbus Regional Airport Authority
Disadvantaged Business Enterprise Program
Affidavit of Social Disadvantage Status

The CRAA requires each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of social disadvantaged status, with appropriate supporting documentation, 49 CFR, 26.67(a)(1). This page may be copied if necessary.

Name	Business Phone ()
Residence Address	Home Phone ()
City, State & Zip Code	
Name of Applicant Business	

DETERMINATION OF SOCIAL DISADVANTAGE STATEMENT

“In considering whether an owner or manager has experienced social disadvantage based upon the effect of discrimination, the applicant for DBE status shall take into account whether the owner or manager has held himself or herself out to be a member of a disadvantaged group, has acted as a member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group.”

I certify that I have read and understand the above statement. I further certify that as owner or manager of this business, I have experienced social disadvantage because of the effects of discrimination based on (mark all that apply):

_____ Race _____ Ethnicity _____ Gender _____ Other (Please explain on separate sheet)

Print Name: _____

Signature: _____ Date: _____

On this _____ day of _____ before me appeared (name of above who signed affidavit) _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized to execute the affidavit and did so of his or her own free act and deed.

Notary Public _____

State of _____

Commission Expires _____

APPENDIX

SAMPLE RESUME

KAREN S. CONTRACTOR

1980 W. Broad Street · Columbus, Ohio 43223 ·

EMPLOYMENT

PRESIDENT

Years Employed: 1997-Present

Karen's Contracting, Inc., Columbus, Ohio

Estimate, schedule workforce, equipment purchases, general superintendent, project selection, negotiate and sign all contracts, submit bids and quotations for all work, negotiate and sign all business loans and bonds, oversee all office functions, and personnel decisions.

VICE-PRESIDENT/ OFFICE MANAGER

Years Employed: 1994-97

Dayton Construction, Inc., Youngstown, Ohio

Oversee all office functions, all disciplinary actions, assist with estimating and bidding, recommend projects for selection, delegation of duties, signing payroll checks, oversee meetings of project superintendents, review daily project reports, and participate in monthly financial statement overview.

PROJECT FOREMAN

Years Employed: 1987-94

Cincinnati Construction, Inc., Cleveland, Ohio

Oversee up to \$10M projects, schedule workforce, schedule equipment, utilize critical path method (CPM) for project scheduling, act as a liaison with ODOT workforce, coordinate subcontractors, and select competent workforce.

LABORER APPRENTICE

Years Employed: 1983-87

Toledo Construction, Inc., Akron, Ohio

Hand excavation, grade checking, physical labor, flagging.

EDUCATION

LABORER APPRENTICE

YEARS ATTENDED 1983-1987

Various Contractors

Ashtabula, Ohio

MANSFIELD UNIVERSITY

YEARS ATTENDED 1987-1989

Associate Degree in Construction Management

Portsmouth, Ohio

LIMA TECHNICAL COLLEGE

YEARS ATTENDED 1992-1994

Associate Degree in Business Administration

Marietta, Ohio

SKILLS

- Proficient Grade Checker
- Heavy Highway Construction Estimator
- Negotiating Contracts
- Accomplished Project Manager
- Business Operations and Organizational
- Partnering

Checklist to Insure You Have Submitted All Applicable Data

Documents Required	Sole Proprietorship	Partnership	Corporation	Limited Liability Company
Proof of ethnicity	X	X	X	X
The past year facility lease or rental agreement	X	X	X	X
Relevant licenses and registrations	X	X	X	X
Proof of capital investment contributions	X	X	X	X
All current loans	X	X	X	X
Signed Federal business tax returns for the last three years	X (Form 1040 & all schedules)	X Partnership return & all schedules & K-1's	X (Corporate returns & all schedules)	X (Partnership or corporate returns & all schedules)
Annual business financial statement for the most recent year end	X	X	X	X
Signed Federal personal tax returns for the past 3 years for all owners	X	X	X	X
List of all equipment	X	X	X	X
Current resumes of owners & all key personnel	X	X	X	X
DBE certification/ denial correspondence	X	X	X	X
Stock certificates			X	X
Stock transfer ledger			X	X
Corporate By-Laws or Code of Regulations			X	X
Articles of Incorporation or Articles of Organization			X	X
Registration with the Secretary of State Office		X	X	X
Operating agreement				X
Meeting minutes held during the past 3 years		X	X	X
Partnership agreement		X		X
Sole- proprietorship verification	X			