



## Minority Business Enterprise & Women Business Enterprise Certification Form

Instructions: Please fill out the form completely. Attach additional sheets if necessary. The extensive information required is necessary to determine the applicant's eligibility as a small business at least 51% owned by women or minorities (Black/African Americans [B], Hispanic Americans [H], Native Americans [N], Asian Americans [A]), or any other individuals found to be disadvantaged under the Small Business Act, including females regardless of ethnicity and whose management and daily operations are controlled by such individuals. Failure to respond truthfully to any question in this form, or failure to cooperate fully with further inquiry after application will result in denial of eligibility. Incomplete forms will be returned.

\*Please type or print legibly all answers, if any question does not pertain to your firm, indicate "N/A" (Not Applicable)

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- ) If your business has submitted a Bid, RFP and/or Quote, please complete the section with the Project Name or Contract Name.
- ) If your Firm is an affiliate of a Parent Corporation, please provide both businesses names and information on a separate page 1 sheet.

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- ) Race/Ethnicity and Gender: To determine your Ethnicity, please provide a copy of your original Birth Certificate that describes your Ethnicity and Gender. (Example: Black, Negro, Mexican, Puerto Rican, Cuban, etc...)
- ) Describe all the areas you want your company to be recognized as providing Products or Services. Please specify in detail.
- ) Please provide your Federal Employer Identification Number (FEIN or EIN) from the IRS Office. To apply for the number go to ([www.irs.gov](http://www.irs.gov)) for Form SS-4 Application.
- ) Please provide your Illinois Department of Human Rights Number. To apply for the number go to the State of Illinois website ([www.Illinois.gov](http://www.Illinois.gov)) for IDHR Form Application.
- ) Please provide your Dun & Bradstreet Identification Number. To apply for the number go to the Dun & Bradstreet website ([www.dnb.com](http://www.dnb.com)) or call (866) 705-5711. If your Business is planning to Bid or have a Contract with the Community Development Department (CDBG Projects), you will need a Dun & Bradstreet Number.
- ) Please provide your North American Industry Classification System (NAICS) Code Number. This explains what area of services or products your Company offers. To find out your number go to [www.census.gov/epcd/www/naics.html](http://www.census.gov/epcd/www/naics.html)

Submit your completed application to:

City of Rockford  
Legal Department  
425 East State Street  
Rockford, IL 61104

For more information, please contact Michelle Vella, Contract and Grant Compliance Officer, at (779) 348-7392 or [michelle.vella@rockfordil.gov](mailto:michelle.vella@rockfordil.gov).



Intake Date: _____ Date Assigned: _____ Assigned To: _____ Approval/Denial Date: _____ <p style="text-align: center;">OFFICE USE ONLY</p>
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**CERTIFICATION DECLARATION AFFIDAVIT FOR MINORITY BUSINESS ENTERPRISE (MBE)  
AND WOMAN BUSINESS ENTERPRISE (WBE)**

If you are being considered to participate as a general or subcontractor on a particular contract, please identify below:

Project Name: \_\_\_\_\_  
 Bid No / RFP No.: \_\_\_\_\_  
 Purchase Order No.: \_\_\_\_\_

Please type or print legibly all answers, if any question does not pertain to your firm, indicate "N/A" (Not Applicable)

\_\_\_\_\_  
 Name of Firm

\_\_\_\_\_  
 Mailing Address

_____ City	_____ County	_____ State	_____ Zip Code
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\_\_\_\_\_  
 Street Address of Principal Office

_____ City	_____ County	_____ State	_____ Zip Code
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_____ Telephone	_____ Fax	_____ Cell Phone
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_____ E-mail	_____ Web Site
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_____ Contact Person	_____ Title
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1. Check the status the firm is applying for:

- Minority Business Enterprise
- Women's Business Enterprise

2. Gender:

- Male
- Female

Race/Ethnicity:

- Black/African-American
- Hispanic-American
- Asian-American
- Native American Indian
- White American
- Other

Type of Firm:

- Partnership
- Sole Proprietorship
- Corporation
- Limited Liability Co (LLC)
- Other

A. Principal business activities of your firm:

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B. Total number of years firm has been in business: \_\_\_\_\_

How many years under current ownership? \_\_\_\_\_

IL Human Rights  
Number & Expiration  
Date: \_\_\_\_\_

C. FEIN Number: \_\_\_\_\_

Dun & Bradstreet Business  
Identification Number: \_\_\_\_\_  
North American Industry  
Classification System  
(NAICS) Code: \_\_\_\_\_

Firms not aware of this classification should go to [www.census.gov/epcd/www/naics.html](http://www.census.gov/epcd/www/naics.html) to get number.

3. Street addresses of all facilities used by the firm. Include office, warehouse, and storage spaces.

\_\_\_\_\_  
Street, City, County, State, Zip

\_\_\_\_\_  
Street, City, County, State, Zip

Does your firm share any facilities?  Yes  No

If yes, indicate where the facilities are shared:  
\_\_\_\_\_

4. Do you currently have all necessary State and/or City licenses authorizing the firm to legally conduct business in Illinois?

- Yes  No

**If yes, please submit copies of all licenses or pending applications.**

5. Current licenses: List the firm's local, county, and state active business license(s) and permit(s), (e.g. contractor, architect, or engineer's registration) as required by law.

<i>Name of Qualifying Individual</i>	<i>License Name</i>	<i>Expiration Date</i>	<i>License Number</i>	<i>Any Limitations</i>

**Submit copies of registration, licenses, or certificates.**

6. Identify all trade associations in which you have membership:

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7. Identify all union locals with which you have agreements:

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8. Indicate if this firm or other firms with any of the same officers, owners, directors or management personnel have previously received certification as a DBE/MBE/WBE, SBA 8a or SDB Certified Contractor. Indicate the name of the certifying authority and date of such certification.

<i>Name of Firm</i>	<i>Certifying Authority</i>	<i>Date of Last Certification</i>

**Submit copies of all approval letters.**

9. Indicate if this firm or other firms with any of the same officers, owners, directors or management personnel have previously been denied certification or participation as a DBE/MBE/WBE, SBA 8a, or SDB Certified Contractor. Indicate the name of the agency and date of such denial.

<i>Name of Firm</i>	<i>Certifying Authority</i>	<i>Date of Denial</i>

**Submit copies of denials.**

10. Ownership of Firm: Identify all partners, proprietors, and stockholders by name, gender, race/ethnic group and percentage of ownership. Refusal to identify the citizenship status of any owner will result in your company being ineligible for consideration for participation on City of Rockford sponsored projects. For ethnic groups, use the following codes: (B) Black/African Americans, (H) Hispanic Americans, (NA) Native Americans, (AP) Asian-Pacific Americans, (A-I) Asian-Indian Americans, (W) White Americans.

<i>Name</i>	<i>US Citizen (Yes/No)</i>	<i>Legal Permanent Resident (Yes/No)</i>	<i>Gender</i>	<i>Race/ Ethnic Group</i>	<i>Date of Ownership</i>	<i>% Owned</i>	<i>Number of Voting Shares</i>

Where owners are themselves a corporation or partnership, identify ownership or holding firm in the above space.

Submit proof of citizenship/legal permanent resident status if born outside USA (Alien registration number or Green Card.) US Citizens should submit a birth certificate, voter's registration card or armed services discharge papers (DD214).

11. Complete the following information for each partner, proprietor, stockholder, director, and officer of the firm.

<i>Title</i>	<i>Name</i>	<i>Gender</i>	<i>Race/ Ethnic Group</i>	<i>% of Time Devoted to Business</i>	<i>Home Address</i>
Chairman					
President					
Vice-President					
Secretary					

Treasurer					
Director					
Director					
Director					
Director					
Director					
Sole Owner					
Partner					
Partner					
Partner					
Partner					
Partner					

12. Complete the following information in reference to your Bonding Agency:

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Bonding Limit

\_\_\_\_\_  
Single Contract

\_\_\_\_\_  
Aggregate

**Submit documentation from bonding agent verifying bonding limits.**

13. Identify the source of any letters of credit:

\_\_\_\_\_  
**Submit copies of current letter of credit.**

14. What were the gross receipts of the firm, including all affiliates, for each of the last three fiscal years? Indicate the number of permanent employees for those years.

<i>Year</i>	<i>Gross Receipts</i>	<i>No. of Full Time Employees</i>	<i>No. of Part Time Employees</i>

15. List the three largest contracts completed by your firm in the last three years and the type of work performed on these contracts.

<i>Work Performed, Materials Supplied, or Services Provided</i>	<i>Company Name</i>	<i>Telephone No. and Contact Person</i>	<i>Your Contract Amount</i>

16. Please state any relevant facts pertinent to the control and structure of this business enterprise.

\_\_\_\_\_  
\_\_\_\_\_

Upon penalty of perjury, the undersigned certifies that he/she is the \_\_\_\_\_  
Title

Of \_\_\_\_\_  
Name of Company

That he or she is authorized by the Company to execute this application on its behalf, that he or she has personal knowledge of the statements made in this application, and that the same are true.

The firm also affirms that the Minority or Women interests in the business constitute majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information within 10 days after the filing of this application and before the work of this firm is completed on any City awarded contract. The City of Rockford must be informed in writing of the changes, and failure to do so may result in denial of the Certification Declaration Affidavit as a Minority/Women Business and/or pending contract, if applicable. The firm must further provide, upon request, information of any work performed on any specified project regarding type of work performed, its duration, amount of payment to the firm, and to permit the audit and examination of books, records and files of the named firm. **ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION ACCEPTANCE (2) TERMINATING ANY CONTRACT WHICH MAY BE AWARDED AND (3) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

**For City of Rockford Certification Program:**

The undersigned certifies that he/she will cooperate with the Equal Opportunity Compliance Officer (EOCO) as provided by the City of Rockford Municipal Code as stated and understands and will abide by all provisions of the City's Ordinance.

\_\_\_\_\_  
Signature Title(s)

\_\_\_\_\_  
Firm Name County State

\_\_\_\_\_  
Date

Corporate Seal (where appropriate)

Name(s): \_\_\_\_\_

Personally known to me, who, being duly sworn, did execute the foregoing affidavit and did so as his or her free act and deed.

\_\_\_\_\_  
Notary Public Commission Expires

(seal)

**If the foregoing certification application has been photocopied, the accuracy of the photocopied entries must have an original signature and date on the bottom of each page of the application.**