

OFFICE USE ONLY

Intake Date: _____

Date Assigned: _____

Assigned To: _____

RETURN TO:
Cook County Office of Contract Compliance
118 North Clark Rm #1020
Chicago, IL 60602
312-603-5502
Fees: \$250.00 Schedule A
Veterans: FREE

SCHEDULE A

**CERTIFICATION DECLARATION AFFIDAVIT
FOR**

**MINORITY BUSINESS ENTERPRISE (MBE) WOMAN BUSINESS ENTERPRISE (WBE)
VETERAN BUSINESS ENTERPRISE/SERVICE- DISABLED VETERAN BUSINESS ENTERPRISE (VBE)**

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

Project Name: _____

Contract No./Job Order No.: _____

NOTE: Answer all questions. If any question does not pertain to your firm, indicate N/A (not applicable)

Authorized Name of Firm

Mailing Address City County State Zip Code

Street Address of Principal Office City County State Zip Code

(____) _____ (____) _____
Telephone Number Fax Number E-Mail Address

Contact Person Title

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 ,minorities or veteran (African American or Black, Hispanic American, Native American, Asian-Pacific American) 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 has been submitted can result in denial of eligibility. **Please submit the required documents in Checklist order (See page 11).**

Website: www.cookcountyil.gov/contractcompliance

SCHEDULE A

1. Check the status firm is applying for:

- Minority Business Enterprise
- Women Business Enterprise
- Veteran / Service-Disabled Veteran Business Enterprise

FEIN/SS# _____

2. Gender:

- Male
- Female

Race/Ethnicity:

- African-American or Black
- Hispanic American
- Asian-Pacific American
- Native American
- Caucasian

Type of Firm:

- Corporation
- Sole Proprietorship
- Partnership
- Limited Liability Company. (LLC)
- Other _____

A. Principal business activities of your firm: _____

B. Year business was established? _____ How many years under current ownership? _____

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

Street	City	County	State	Zip
Street	City	County	State	Zip

A. Do you share any facilities? Yes No

B. If yes, indicate address where the facilities are shared _____

C. With whom do you share facilities? (Name of firm/individual) _____

D. What are the shared firm's principal business activities? _____

4. Describe all real estate agreements of facilities used by the firm indicating whether facilities are owned or leased by the firm, including rental amount and whether the agreements are written or verbal.

Owner	Check If Owned	Rental Amount	Check If Written Agreement	Describe Verbal Agreement

5. Do you currently have all necessary State and/or City business licenses authorizing the firm to legally conduct business in Illinois? Yes No If yes, please submit copies of all licenses or pending applications.

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6. Current Licenses: List the firm's Local, City and State active business license(s) and registrations (e.g., contractor, architect or engineer's registration) as required by law. (Attach additional sheets as necessary.)

Name of Qualifying Individual	License Name	Expiration Date	License Number

7. Identify all trade associations which you have membership affiliations:

8. Identify all local unions with which you have agreements:

9. Has any principal, officer, owner or any other persons having decision making authority for the Applicant firm, been debarred from doing business with any governmental entity within the last five years?

Yes No

If Yes, please explain

10. Did the firm previously exist under another name? Yes No

If yes, complete the following and identify by name all management personnel (owners, directors, officers) associated with the former firm.

Previous Firm Name	Firm Management Personnel	Years of Ownership	% of Ownership

11. Indicate if this firm or other firms having any of the same officers, owners, directors or management personnel previously received certification. Indicate the name of the certifying agency and date of such certification.

Name of Firm	Certifying Agency	Date of Last Certification

SCHEDULE A

12. Indicate if this firm or other firms having any of the same officers, owners, directors or management personnel previously been denied certification. Indicate the name of the agency and date of such denial .

Name of Firm	Denial Agency	Date of Denial

13. Ownership of Firm: Identify all partners, proprietors, members and stockholders by name, gender, race/ethnic group, and percentage of ownership.

Name	US Citizen (Yes/No) *	Legal Permanent Resident (Yes/No) *	Gender	Race/Ethnic Group	Date of Ownership	Owned %	Voting %

WHERE OWNERS ARE THEMSELVES A CORPORATION OR PARTNERSHIP, IDENTIFY OWNERS IN THE ABOVE SPACE

*** NOTE: Only check one – Either US Citizen or Legal Permanent Resident. Cannot be both.**

14. If the firm is a corporation, complete the following.

A. State the number of shares issued to-date, by class.

Number of Shares

Class

B. Is any holder of stock in the corporation party to a contingent agreement affecting the management or control of the corporation or the rights of the holder of any class of stock in the corporation including the sale, transfer or transferability of any of the stock? Yes No

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15. Complete the following information for each partner, proprietor, member, stockholder, manager, director, and officer of the firm:

Title	Name	Gender	Race/Ethnic Group	% of Time Devoted to Business
Chairman				
President				
Vice President				
Secretary				
Treasurer				
Owner/Member/Partner				
Director/Manager				
Director/Manager				
Director/Manager				

A. Identify any owner or management official (see #13) of the applicant firm who has an ownership interest in any other firm. Provide information as to owner/official title, address of firm, percent of ownership and product or service of the other firm.

Owner/Manager	Name and Address of Other Firm	Title in Other Firm	% of Ownership	Product or Services of Other Firm

B. Identify any owner or management official of the applicant firm who is an employee of or has duties in another business enterprise. Describe the duties of that owner/official in the other firm, provide name and address of firm, also provide information as to firm's product or service.

Name	Duties as Employee in Other Firm	Name and Address of Other Firm	Product or Service of Firm

SCHEDULE A

C. Identify any owner or management official of the applicant firm who is or has been an employee of another firm within the past two years.

Name	Name of Other Firm

D. Identify the Family Relationship among any owners or management officials of the firm.

Name	Relationship

16. Does the firm's business maintain inventory? Yes No
 If yes, list a description and dollar value of the inventory.

Description of Inventory	Dollar Value of Inventory
	\$
	\$
	\$

17. List the type and serial number for all equipment owned by the firm.

Equipment Owned	Serial Number	Quantity

A. List equipment leased, rented, or borrowed by the firm and list the name of lessor/owner.

Leased, Rented or Borrowed Equipment	Equipment Source (Lessor)	Contact Person/Telephone No.

SCHEDULE A

B. List the money, equipment, or real estate that each of the owners provided for start up contribution. Please refer to checklist on page 11.

Name of Owner(s) or Shareholder(s)	Asset(s) Contributed by Owner/Shareholder	Dollar Value	Source of Contribution (e.g., Personal Savings, Joint Assets, Inheritance, Loans, etc.)

18. Control of firm: Identify by name, race/ethnic group, gender and length of time those individuals in the firm (including owners and non-owners) responsible for day-to-day management and business decisions including, but not limited to those with primary responsibility in each management area indicated below.

Decisions	Name	Race/Ethnic Group	Gender	Length of Time
A. Financing Decisions:				
1. Check Signing (Provide a copy of Corporate Resolution or Bank Signature Card (s) for each account				
2. Signing and co-signing for loans				
3. Acquisition of lines of credit				
4. Surety bonding				
5. Major purchases or acquisitions				
6. Signing contracts				
B. Management Decisions:				
1. Estimating				
2. Marketing and Sales Operations				
3. Hiring and firing of management personnel				
4. Hiring and Firing of non-management personnel				
5. Supervision of field/production				
6. Supervision of office personnel				

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C. If any person listed above is not an employee, owner, officer or director of this firm, please identify the person's current affiliation with any other firm. (Please refer to question number 18)

Name	Name of Firm	Position/Duties	Product or Service of Firm	Years of Affiliation

19. Indicate personnel or firms who providing the following services to Applicant firm:

A. External Estimating (outside firm that prepares cost estimates)

Name	Address	Contact Person and Telephone No.

B. Financial Institutions

Name	Address	Contact Person and Telephone No.

C. Material Suppliers

Name	Address	Contact Person and Telephone No.

20. Identify money loaned to the firm, indicating the loan source, date, and amount, include letters of credit.

Loan Source	Address	Date of Loan	Loan Amount/Line of Credit

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21. What were the gross receipts of the firm, including all affiliates, for each of the last (5) five fiscal years? Indicate the number of employees for those years.

Year	Gross Receipts	No. of Full Time Employees	No. of Part Time Employees

22. List (3) three current service/supply contracts and/or customer invoices completed or provided by the firm. For new businesses, list proposals to do business in the area of specialty requested.

Work Performed, Materials Supplied, or Services Provided by the Firm	Company Name	Telephone No. and Contact Person	Contract Amount/Date of Award

SCHEDULE A

**COUNTY OF COOK
OFFICE OF CONTRACT COMPLIANCE
CERTIFICATION APPLICATION
AFFIDAVIT OF MINORITY AND/OR WOMEN BUSINESS ENTERPRISE (MBE/WBE)
VETERAN BUSINESS ENTERPRISE/SERVICE-DISABLED BUSINESS ENTERPRISE (VBE)**

This page must be signed by the qualifying owner/officer of the applicant firm and notarized in order for the certification application to be considered. Any changes in ownership and/or control should be reported to the Office of Contract Compliance along with relevant documentation within 10 days of such change. The firm must further provide, upon request, information of any work performed on any specified contract regarding the 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 AFFIDAVIT MAY RESULT IN: 1) DENIAL OF CERTIFICATION; 2) DECERTIFICATION; 3) TERMINATION OF ANY CONTRACT AWARDED; 4) DENIAL OF MBE/WBE/VBE PARTICIPATION CREDIT; and/or 5) INITIATING ACTION UNDER FEDERAL, STATE OR LOCAL LAW.

It shall be the duty of all Cook County employees, officials, agents, contractors, sub-contractors, licensees, grantees or persons or businesses seeking County contracts, grants, licenses, or certification of eligibility for County contracts to cooperate with the Office of the Independent Inspector General (OIIG) in the conduct of investigations undertaken pursuant to Cook County, Ill., Ordinances 07-O-52 (2007)(OIIG Ordinance). It shall be unlawful for any person subject to the OIIG Ordinance to refuse to cooperate with the (OIIG). The penalty for such violation shall be governed by Section 2-291 of the OIIG Ordinance.

Upon penalty of perjury, I _____ affirm that I am
(Print name)

the _____ of _____
(Position or title) (Firm name)

and that all of the foregoing information on this form is true and correct. I further affirm that
the _____ interests in this firm constitute majority ownership and control.
(Minority, Woman or Veteran)

DATE _____ / _____
(Signature of Affiant)

Subscribed and sworn to before me this _____ day of _____ / _____
(Month) (Year)

(Notary's Signature)

Notary's Seal

My Commission Expires _____

This page is to be submitted as original

SCHEDULE A CHECKLIST

PLEASE SUBMIT DOCUMENTS IN CHECKLIST ORDER

I. You must attach the following documents:

- Affidavit of Minority and/or Women Business Enterprise (MBE/WBE) Veteran Business Enterprise/Service-Disabled Business Enterprise (VBE). **Application Must Be Signed By An Authorized Officer of The Firm and Be Notarized.**
- Bank resolution(s) and/or Bank Signature Card(s)
- Copies of contracts, purchase orders, or invoices (3 contracts for New applicants / 1 for continuing eligibility)
- Copies of W-2 and/or 1099 Forms (previous three (3) years) for all Owners, Directors, Officers, Managers and Check Signers
- Current License(s), Professional, Local, City and State or Statement regarding License requirements
- Current Payroll Register or statement regarding current payroll (four (4) weeks)
- Evidence of citizenship or legal permanent residency, ethnicity, and gender (Birth Certificate or Passport) for all Owners, Directors, Officers and Check Signers
- Most recent signed U.S. Federal Corporate Tax Return plus previous four (4) years including all Schedules, Statements and Attachments
- Most recent signed U.S. Federal Corporate Tax Returns for each Affiliate Company, plus previous four (4) years including all Schedules, Statements and Attachments
- Most recent signed U.S. Federal Individual Income Tax Return plus previous four (4) years including all Schedules, Statements and Attachments
- Current Personal Net Worth Statement for qualifying owner(s), which represents 51% ownership in firm
- Proof of contribution(s) by owners to acquire ownership in firm or start-up capital (i.e. cancelled checks, loan agreement, etc.)
- Resumes detailing work experience and education with corresponding dates for all Owners, Directors, Officers and Check Signers
- Signed copy of all current Lease(s) and/or most recent tax bill or deed to property
- Year-End Balance Sheets and Income Statements for the past five (5) years (or life of firm, if less than five years)
- Agreement/letter from manufacturer stating that firm is an authorized distributor / supplier
- Contingent agreements affecting management, control or rights of any owner, if applicable
- Copies of all Signed Loan Agreements or Letters of Credit, if applicable
- Equipment lease agreement(s), if applicable
- Management service agreement(s), if applicable
- MBE/DBE/WBE or SBA 8a Certification(s) or Denial(s), if applicable
- Proof of Bonding Capacity and Insurance Certificate, if applicable
- Title(s) of automotive equipment, if applicable

II. CORPORATIONS MUST ALSO INCLUDE THESE DOCUMENTS:

- Articles of Incorporation
- By-Laws of Corporation
- Copies of all Stock Certificates issued (front and back)
- Stock Ledger
- Minutes of the First and two (2) most recent Stockholders' Meeting documenting the election of Directors
- Minutes of the First and two (2) most recent Board of Directors' Meeting documenting the election of Officers
- State of Illinois Letter of Good Standing

III. PARTNERSHIPS MUST INCLUDE THESE DOCUMENTS:

- Partnership Agreement
- Assumed Name Certificate or Certificate of Limited Partnership

IV. LIMITED LIABILITY COMPANIES MUST ALSO INCLUDE:

- Articles of Organization
- Operating Agreement
- State of Illinois Letter of Good Standing

V. SOLE PROPRIETORSHIPS MUST ALSO INCLUDE:

- Assumed Name Certificate

VI. VETERAN BUSINESS ENTERPRISE/SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE

- DD214 or Veteran's Disability (For Firms Seeking Veteran Status only)

VII. START-UP BUSINESSES

- Marketing Plan, Proposals