Small Business Enterprises (SBE) Certification Application

SBE Certification Program Information and Application

Mission Statement:
The Office of Business Opportunity is committed to creating a competitive and diverse Business environment in the City of Houston by promoting the growth and success of local small businesses, with special emphasis on historically underserved groups by ensuring their meaningful participation in the government procurement process.

Thank you for your interest in the City of Houston's Small Business Enterprise Certification Program. Certification is available to all businesses that meet the eligibility guidelines. There is no application fee for this service.

Certification Workshop:
Please attend one of our weekly pre-certification workshops for more information. ***Our workshop is conducted every Thursday, except holidays, at 611 Walker St. 7th floor Houston, TX 77002 at 2:00 p.m.***

For general information about the M/W/S/PDBE/DBE Certification Program, Directory, Publications, Workshops and Forms, please visit our website at
http://www.houstontx.gov/obo/index.html

Submit Completed Application Package to:

City of Houston
Office of Business Opportunity
611 Walker, 7th Floor
Houston, TX 77002
Certification Hotline: 832-393-0600

This application and supporting documents are subject to compliance with the State of Texas Government Code Chapter 552.128 Regarding Exception: Certain Information Submitted by Potential Vendor or Contractor.

Small Business Enterprises (SBE) Certification Application

Eligibility Checklist for Small Business Enterprises

Is your business owned by a U.S. citizen or lawfully admitted permanent resident of the U.S?	**YES** ☐	**NO** ☐
Does your business owner have the training/expertise to perform the work, and where required, has a license or certificate issued in his or her name?	**YES** ☐	**NO** ☐
Is your business FOR PROFIT, independent, and a currently functioning business maintaining a significant and local business presence in one of the following counties?	**YES** ☐	**NO** ☐
Can your business provide invoices and proof of payment for services provided in the area(s) for which you seek certification?	**YES** ☐	**NO** ☐
Does your business meet the Small Business Administration size standard?	**YES** ☐	**NO** ☐
Is your business construction or construction related?	**YES** ☐	**NO** ☐

- **Harris**
- **Brazoria**
- **Chambers**
- **Fort Bend**
- **Galveston**
- **Liberty**
- **Montgomery**
- **Waller**

STOP

Did you answer "YES" to all of the questions above?
If so, please carefully review the Eligibility Requirements to confirm that your business is eligible to apply for M/W/S/PDBE Certification before proceeding with the application.

Small Business Enterprises (SBE) Certification Application

Requirements for Certification

To Obtain SBE Certification:

- Owners must be U.S. citizens or lawfully admitted permanent residents of the U. S.
- Business must be for profit, independent, and currently functioning business maintaining a significant and local business presence in Harris, Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery, or Waller county.*
- Business must meet the Small Business Administration (SBA) size standards as defined by 13 Code of Federal Regulation (CFR) Part 121.103 pursuant to Section 3 of the Small Business Act.
- Business owner must have the training/expertise to perform the work, and where required, has a license or certificate issued in his or her name.
- Business must be for profit, independent and currently functioning *construction or construction related* business maintaining a significant and local business presence in Harris, Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery, or Waller county.*

* This provision includes the requirement that an MWSBE have an established place of business in one or more of the above-referenced counties at which one or more of its employees is regularly based and that such place of business have a substantial role in the MWSBE's performance of a Commercially Acceptable Function. A location utilized solely as post office box, mail drop or telephone message center or any combination thereof, with no other substantial work function, shall not be construed to constitute a significant business presence.

Supporting Documents Checklist

In order to begin processing your application for certification, you must attach copies of ALL supporting documents as they apply to you and your firm.

All Applicants Must Provide:

- ☐ SBE certifications, denials, and/or decertification (if applicable). **See Section 2(A)**
- ☐ Provide work experience resumes for **all** owners, officers and anyone listed in **Section 3(A)** of the application. Resumes should include:
  - Places of ownership/employment with corresponding dates
  - Job description for each position held
- ☐ Invoices and proof of payment for services provided in the area(s) which you seek certification.
- ☐ Signed tax returns (gross receipts) plus all related schedules for all firms that you own. Note: if you have been in business for over three years you must include tax returns from the last three years.
- ☐ Customer references, including contact name and phone number, for whom work has been performed. **See Section 4(A-C).**
- ☐ Certificate of Authority to do business in Texas (for out-of-state businesses).
- ☐ Signed and notarized Affidavit of Non-Interest for each owner (included in application package).
- ☐ Signed and notarized Certification Affidavit for each owner (included in application package).

Sole Proprietorship Must Provide:

- ☐ Assumed name certificate (DBA).

Corporation or LLC Must Provide:

- ☐ Official Certificate of Incorporation (Corporation) or Official Certificate of Organization (LLC)

Trucking Company

- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Partnership/ Joint Venture/ Franchise

- ☐ Official Certificate of Partnership

Small Business Enterprises (SBE) Certification Application

Certification Application

Incomplete applications will be returned to the applicant via mail, and will NOT be processed. For further assistance with completing the certification application, please attend a certification workshop. Workshops are conducted every Thursday at 611 Walker St. 7th floor Houston, TX 77002 at 2:00 p.m.

Section 1: General Information

A. Contact Information and Business Profile

1. **Is your firm "For Profit"?** Yes ☐ No ☐

   STOP: If your firm is NOT for-profit, then you do NOT qualify for this program and you do NOT need to fill out this application.

2. **Legal Name of Firm:**_____

3. **Firm's Phone Number:** (__ __ __) __ __ __ -__ __ __ __ **Other Phone Number:** (__ __ __) __ __ __ - __ __ __ __

4. **Fax Number:** (__ __ __) __ __ __- __ __ __ __

5. **Federal Tax ID (if any):**_____

6. **E-Mail Address:**_____

7. **Website:**_____

8. **Business Address of Firm: (Must represent physical location. Post Office Boxes are not accepted).**

   _____
   Building Number and Street Name — Unit, e.g. Floor Suite (optional)

   _____
   City — County — State — Zip

9. **Mailing Address of Firm: (If different from above).**

   _____
   Building Number and Street Name — Unit, e.g. Floor Suite (optional)

   _____
   City — County — State — Zip

10. **This Firm was established on (month/day/year):**_____

11. **Describe the primary activities of your firm:**

    _____

    _____

    _____

12. Type of firm (check all that apply):

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Partnership
- ☐ Limited Liability Corporation
- ☐ Joint Venture
- ☐ Other, please describe: _____ _____

13. Number of employees: Full Time:_____Part Time:_____Total:_____

14. Specify the gross receipts of the firm for the last three years from your business tax returns:

Year	Total Receipts
	$
	$
	$

NOTE: To qualify as an SBE, you must submit copies of your business tax returns and all related schedules for the last three years. The following are the corresponding forms:

- Sole Proprietorship → Form 1040 and Schedule C
- Corporation → Form 1120
- Partnership →Form 1065

Section 2: Certification Information

A. Prior/Other Certification Programs

1. Has your firm been certified by other SBE programs? ☐ Yes, on ____/____/_____ ☐ No

If "yes", please attach proof of certification by other agencies.

B. Prior/Other Applications and Privileges

1. Has your firm (under and name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any SBE program or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency or federal entity?

☐ Yes, on ____/____/_____ ☐ No

If "yes", identify state and name of state, local, or federal agency and explain the nature of the action:_____

_____

_____

Section 3: Business Ownership

Identify all individuals or holding companies with any ownership interest in your firm of 5% or more, providing the information requested below: ***(If more than six owners, fill out Section 3(A) for each additional owner and submit extra sheets)*****.**

A. Businesses Owners

Name	Years of Ownership	Ownership Percentage	Voting Percentage

B. Relationships with Other Businesses

1. Check the appropriate box that indicates whether at present, or at any time in the past your firm has:

a. been a subsidiary of any other firm? ☐ Yes ☐ No
b. consisted of a partnership in which one or more of the partners are other firms? ☐Yes ☐ No
c. owned any percentage of any other firm? ☐Yes ☐ No
d. has any subsidiaries? ☐ Yes ☐ No

2. Has any other firm had an ownership interest in your firm at present or at any time in the past? ☐Yes ☐ No

If you answered "yes" to any of the questions in 2 a.– d. and/or 3, identify the following for each: (attach extra sheets, if needed).

Name	Address	Type of Business

Section 4: Business Operations

A. 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).

Name of License/ Permit Holder	Type of License/Permit	Expiration Date	License Number and State

B. List the three largest contracts or jobs completed by your firm in the past three years, if any:

Company	Contact Name	Phone Number	Type of Work Performed	Dollar Value of Contract

C. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Phone Number	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract

Submit Completed Application Package to:

City of Houston
Office of Business Opportunity
611 Walker, 7th Floor
Houston, TX 77002

Incomplete applications will NOT be processed. Make sure to attach copies of ALL supporting documents as they apply to you and your firm.

For further assistance with the application, please attend our certification workshop.
Workshops are conducted every Thursday, except holidays, at 611 Walker St. 7th floor Houston, TX 77002 at 2:00 p.m.

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which M/W/S/PDBE status is relied.

A material or false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of a prior approval , initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law.

I_____(full name printed), swear or affirm under penalty of law that I am_____ (title) of applicant firm_____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the City of Houston any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature: _____
(M/W/S/PDBE Applicant)

NOTARY CERTIFICATE:

(Seal)

Signature _____
(Notary)

AFFIDAVIT OF NON-INTEREST

THE STATE OF TEXAS

Before me, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared

_____, who being by me duly sworn on his/her oath stated that he/she is
(Affiant)

_____of _____,the Business Entity named and
(Title of Owner) (Company Name)

referred to in this application for MBE/WBE/SBE/PDBE Certification; and that he or/she: (check appropriate box)

- ☐ Is **not** an officer or employee of the City of Houston and no other individual with an interest in the Business Entity is an officer or employee of the City of Houston.
- ☐ Is an officer or employee of the City of Houston; or an individual with an interest in the Business Entity is an officer or employee of the City of Houston.

Affiant acknowledges that any misrepresentation on this affidavit will be grounds for denial and/or revocation of certification. I have read this affidavit and swear that such statements contained herein are true and correct.

_____ _____
Signature (Owner /Applicant) Title

_____ _____
Name (Print) Date

SWORN TO AND SUBSCRIBED before me on this ____day of _____,20_____.

(Seal) _____
Notary Public in and for the State of Texas