



*Department of Economic Development*

**Minority and Women-Owned Business  
Enterprise Certification Application**

***SHORT FORM***

*For use by presently certified firms.*

# City of Savannah's Minority and Women-Owned Business Enterprise Program

Department of Economic Development

## City of Savannah M/WBE Certification Application

### *Roadmap for Applicants*

#### Purpose

The purpose of the City of Savannah's Minority and Women-Owned Business Enterprise (M/WBE) Program is to help small businesses owned and controlled by socially and economically disadvantaged individuals, including minorities and women, participate in all aspects of projects and contracts administered by the City's Procurement Department. The City of Savannah prohibits discrimination against a person or business in pursuit of these opportunities on the basis of race, color, sex, religion or national origin.

- The following standards shall be used to determine whether a business is owned and controlled by one or more socially and economically disadvantaged individual(s), and therefore, is eligible to be certified as an M/WBE:
- A **"Minority or Women-Owned Business Enterprise"** is one that is at least fifty - one (51%) percent owned and controlled by one or more socially and economically disadvantaged individuals.
- To be certified with the City of Savannah as a M/WBE, **firms must be located and operate within the three county Metropolitan Statistical Area (MSA) consisting of Bryan, Chatham and Effingham counties for at least six months prior to submitting an application for certification.** To operate means to be the current holder of a valid business license issued by a local government within the MSA prior to submitting an application for certification.
- A **"Socially Disadvantaged individual"** is one who has been subjected to racial or ethnic prejudice or cultural bias within American society because of his/her identification as a member of a group and without regard to individual qualities. A socially disadvantaged individual must be a citizen (or lawfully admitted permanent resident) of the United States who is either:
  - Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent Asian Americans and Women
- **"Economically Disadvantaged"** means an individual whose Personal Net Worth is less than \$750,000 excluding the value of their primary residence and capital invested in the business seeking certification.
- If your firm is currently certified by USDOT as a Disadvantaged Business Enterprise (DBE) or by the Small Business Administration (SBA) as an 8(a) firm or by Georgia Minority Supplier Development Council (GMSDC), the City of Savannah may accept your certification provided adequate documentation is provided.
- Additionally, an M/WBE is one:
  1. Whose management, policies, major decisions and daily operations are independently managed by one or more socially and economically disadvantaged individuals;
  2. Which is a Small Business as define by the SBA guidelines, and whose gross receipts do not exceed **\$20.41 million** average over a three year period;
- There is no application fee for M/WBE certification. All applications for certification must be accompanied by a sworn affidavit attesting to the accuracy and truthfulness of the information provided.
- The City of Savannah shall provide eligibility determinations for new candidates within 90 days of receipt of a complete application.

# City of Savannah's Minority and Women-Owned Business Enterprise Program

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Dear Applicant:

Thank you for your interest in becoming a certified M/WBE with the City of Savannah. Please review the checklist below and compare it with your application and submission documents. Please make sure to include all supplemental documentation (as applicable) with your application. Failure to submit a complete and accurate application could result in a delay of your certification review. Again, thank you for your interest in the City of Savannah M/WBE Program. Please return your complete application to:

City of Savannah  
Attn: Certification Officer  
Department of Economic Development  
P.O. Box 1027  
Savannah, GA 31402

## APPLICANT "SHORT FORM" CHECKLIST:

- Attach completed "Short Form" application
- Attach current lease/ownership agreement (to confirm location of business)
- Attach current copies business license for Bryan, Chatham or Effingham County
- Attach copies of Other DBE USDOT, SBA 8(a) or GMSDC certification letters/ certificates (to reciprocate)

## Section 1. CERTIFICATION INFORMATION

### 1. Prior/ Other Certifications.

(a) Is your firm currently certified for any of the following programs? (If yes, attach a copy of your certification(s)). <input type="checkbox"/> USDOT DBE <input type="checkbox"/> SBA 8(a) <input type="checkbox"/> GMSDC	Name of the certifying agency:
Has this firm home had an on-site visit conducted? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No	
(b) Has your firm applied for certification for any program listed in 1(a) in the past? If Yes, identify: Other names your company has used:	<input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No
(c) Has this firm or any of its owners, Board of Directors, officers or management personnel been denied certification before by any agency in any state, local, or Federal entity? If Yes, identify State and name of agency:	<input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No

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### Section 2: GENERAL INFORMATION

#### 2. Contact Information.

Contact person:		Legal name of firm:		
Phone #:	Cell#:	Fax#:		
E-mail:		Web site (if firm has one):		
Street Address of firm: (No P.O. Box #)				
Mailing address of firm:		City:	County/Parish:	State: Zip:

#### 3. Business Profile.

Primary nature of business:	Federal tax ID:
Federal identification number or Applicant's Social Security number:	
This firm was established on ___/___/___	I (we) have owned this firm since: ___/___/___
Did the business exist under a different type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Explain.</i>	
Method of acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other ( <i>explain</i> )	
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, explain.</i>	
Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7, within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If Yes, provide court papers</i> )	
Type of firm (check all applicable): <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Limited Liability Company (LLC)	
Number of employees:    Permanent Full-time _____    Temporary Full-time _____    Seasonal Full-time _____	
Where do you obtain seasonal employees?	
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If No, explain</i> )	
Specify the gross receipts of the firm for the last 3 years:    Year ending _____    Total receipts \$ _____ Year ending _____    Total receipts \$ _____ Year ending _____    Total receipts \$ _____	

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## Section 3. OWNERSHIP

4. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm.

### FIRST PERSON

Name:		Title:		Home Phone#:	
Home Address ( <i>street and number</i> )			City:	State:	Zip:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Ethnic group ( <i>Attach proof of status</i> ):		
U.S. Citizen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
Legal permanent resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian
Number of years owned:	<i>Initial investment of acquire ownership interest in firm:</i>				
Percentage owned:	<b>Type</b>		<b>Dollar Value</b>		
Relation to other owners:	Cash		\$		
	Real Estate		\$		
	Equipment		\$		
	Other		\$		
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date Acquired</u>	<u>Method Acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

### SECOND PERSON

Name:		Title:		Home Phone#:	
Home Address ( <i>street and number</i> )			City:	State:	Zip:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Ethnic group ( <i>Attach proof of status</i> ):		
U.S. Citizen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
Legal permanent resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian
Number of years owned:	<i>Initial investment of acquire ownership interest in firm:</i>				
Percentage owned:	<b>Type</b>		<b>Dollar Value</b>		
Relation to other owners:	Cash		\$		
	Real Estate		\$		
	Equipment		\$		
	Other		\$		
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date Acquired</u>	<u>Method Acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

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## Section 4: CONTROL

### 5. Identify officers and Board of Directors.

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
Board of Directors	1.			
	2.			
	3.			

### 6. Identify management personnel who control the firm in the following areas.

	Name	Title	Ethnicity	Gender
<b>Financial Decisions</b> ( <i>responsibility for check signing, acquisitions of lines of credit, surety bonding, supplies, etc.</i> )				
	1.			
	2.			
<b>Estimating, bidding, and negotiating</b> ( <i>cost estimates, bid preparation and submission, negotiations or contract execution</i> )				
	1.			
	2.			
<b>Hiring /firing of management personnel</b>				
	1.			
	2.			
<b>Field / Production Operations Supervisor</b> ( <i>site supervision / scheduling, project management services</i> )				
	1.			
	2.			
<b>List all field supervisors</b>				
	1.			
	2.			
<b>Office Management</b>				
	1.			
	2.			
<b>Marketing/Sales</b>				
	1.			
	2.			
<b>Purchasing of major equipment</b>				
	1.			
	2.			