

RETURN TO:
Illinois Department of Central Management Services
Business Enterprise Program
100 West Randolph
Suite 4-400
Chicago, Illinois 60601

SCHEDULE A

Intake Date: _____

Date Assigned: _____

Assigned To: _____

Approval / Denial Date: _____
OFFICE USE ONLY

CERTIFICATION DECLARATION AFFIDAVIT FOR:

**PERSONS with DISABILITIES BUSINESS ENTERPRISE (PBE), MINORITY
BUSINESS ENTERPRISE (MBE), FEMALE BUSINESS ENTERPRISE (FBE)**

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

Project Name: _____

**Specification No. /
Requisition No.:** _____

**Project No. /
Requisition No.:** _____

**Contract Administrator/
Buyer:** _____

Authorized Name of Firm

Mailing Address City County State Zip Code

Street Address or Principle Office City County State Zip Code

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

Assistant / Owner Name

Title

Instructions: Please fill out the form completely. **Attach additional sheets if necessary.** The information required is necessary to determine the applicant's eligibility as a small business at least 51% owned by and controlled by one or more minorities, females, or persons with a disability. We look at the documentation of its formation, subsequent history, organizational structure, financial records, and administrative operations, as well as business and other relevant background of the owners before making a decision.

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1. Check the status firm is applying for:

- ☐ Persons with Disabilities Business Enterprise
☐ Minority Business Enterprise
☐ Female Business Enterprise

2. Gender:

- ☐ Male
☐ Female

Race/Ethnicity:

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

Type of Firm:

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

A. Principal business activities of your firm: _____

B. Total number of years firm has been in business? _____ How many years under the 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 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 oral.

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

! Submit copies of all leases.

! If owned, provide proof of ownership.

5. Do you currently have all necessary State and/or City licenses authorizing the firm to legally conduct business in Illinois? Authorization to transact business in the State of Illinois is required for businesses that are not incorporated in the State of Illinois. Contact the State of Illinois for additional information 312/793/3380.

☐ 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, county, and state active business license(s), permit(s), and professional, (e.g., contractor, architect or engineer's registration) as required by law.

Name of Qualifying Individual	License Name	Expiration Date	License Number	Any Limitations

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

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

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

9. Did the firm previously exist under another name? ☐ Yes ☐ No
If yes, complete the following and identify by name all management personnel (owners, directors, and officers) associated with the former firm, and identify who are also members of the current firm.

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

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

Name of Firm	Certifying Agency	Date of Last Certification

! **Submit copies of all approval letters.**

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

Name of Firm	Denial Agency	Date of Denial

! **Submit copies of denial(s).**

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12. 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 owners will result in your company being ineligible for certification. For ethnic group codes: (B) Black/African Americans, (H) Hispanic Americans, (I) Native Americans, (AP) Asian-Pacific Americans, (AI) Asian-Indian Americans, (W) White Americans.

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 OWNERSHIP OF HOLDING FIRM IN ABOVE SPACE.

! SUBMIT DETAILED RESUMES OF OWNERS, DIRECTORS AND OFFICERS, PARTNERS AND PROPRIETORS.

! SUBMIT PROOF OF CITIZENSHIP/LEGAL PERMANENT RESIDENT STATUS IF BORN OUTSIDE U.S.A. (Alien registration number or Green Card.) U.S. Citizens should submit a Birth Certificate, Voter's Registration card or Armed Services Discharge papers (DD214)

! SUBMIT PROOF OF RACE/ETHNIC GROUP i.e. Birth Certificate, U.S. Passport, Tribal Certificate, Bureau of Indian Affairs card, Armed Services Discharge papers (DD214), Baptismal Certificate or any document providing evidence of ethnicity.

! Partnerships must submit ANY and ALL Partnership Agreements and/or Assumed Name Certificate.

! SOLE PROPRIETORS MUST SUBMIT A COPY of ASSUMED NAME CERTIFICATE issued by County Clerk (business name other than your own name).

13. If the firm is a corporation, complete in full, and submit attachments as requested. Authorization to transact business in the State of Illinois is required for businesses that are not incorporated in the State of Illinois. Contact the State of Illinois for additional information 312/793/3380.

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

Number of Shares

Class

! SUBMIT COPIES OF ALL ISSUED AND CANCELLED STOCK CERTIFICATES (Both sides)

- B. Is any stock of the corporation pledged, subject to any lien agreement, or beneficially owned by anyone other than the person whose name it bears? ☐ Yes ☐ No

! If yes, submit ALL such ownership documentation limiting ownership

- C. Is any holder of stock in the corporation a 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

! If yes, submit ALL such documentation and ANY Profit Sharing Agreement.

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

Title	Name	Check if Director	Gender	Race / Ethnic Group	% of Time Devoted to Business	Home Address
Chairman						
President						
Vice President						
Secretary						
Treasurer						
Sole Proprietor						
Director						
Director						
Director						

! **SUBMIT A COPY OF: Articles of Incorporation, By-Laws, Minutes of the FIRST Corporate Organizational Meeting, and Minutes of MOST RECENT Annual Shareholders and Board of Directors Meetings at which the current board and officers were elected or appointed.**

- 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's 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 or agency. Describe the duties of that owner/official in the other firm, giving name and address of firm, also providing information as to firm's product or service.

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

- 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

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

Name	Relationship

E. Identify any current business relationships with any firm identified in 14A, 14B, or 14C, including any affiliates or subsidiaries, involving shared space, equipment, or employees

Name	Business Relationship

15. Does your business maintain inventory? ☐ Yes ☐ No
If yes, list a description and dollar value of the inventory.

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

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

Equipment Owned	Serial Number	Quantity

! Submit copies of automotive equipment titles.

A. List equipment leased, rented, or borrowed and list the name of the lessor.

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

! Submit Copies of lease agreement

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- B. List the contributions of money, equipment, or real estate of each of the owners / shareholders. Detail amounts and types of investments listing only assets actually contributed.

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

! Submit proof of Contribution(s) made by each Owner / Shareholder

17. 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 listed below.

A. Financing Decisions:

Decisions	Name	Ethnic Group	Gender	Length of Time
1. Check Signing (Provide a copy of Corporate Resolution or Bank Signature Card(s) for each account)				
2. Signing and Co-signing Loans				
3. Acquisition of Lines of Credit				
4. Surety Bonding				
5. Major Purchases or Acquisitions				
6. Signing Contracts				

B. Management Decisions:

Decisions	Name	Ethnic Group	Gender	Length of Time
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				

! Submit copies of all bank resolutions and signature cards for all accounts.

! Submit detailed resumes and W-2 forms for the previous three years for each person identified above.

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- C. If any person listed is not an employee or officer of this firm, please identify that person's past or current affiliation with any other firm.

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

18. Indicate the personnel or firms who provide the following services:

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

Name	Address	Contact Person and Telephone No.

- B. Accounting

Name	Address	Contact Person and Telephone No.

- C. Attorney

Name	Address	Contact Person and Telephone No.

- D. Financial Institutions

Name	Address	Contact Person and Telephone No.

- E. Material Suppliers

Name	Address	Contact Person and Telephone No.

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F. Management or Professional Services

Name	Address	Contact Person and Telephone No.

! Submit a copy of the Management Service Agreement.

G. Name of Bonding Agency: _____
 Company Name Address City State Zip

Agent's Name: _____ Telephone No.: (_____) _____

Bonding Limit: _____ Single Contract: _____ Aggregate: _____

! Submit documentation from bonding agent verifying bonding limits.

19. Identify any amounts of money loaned to your firm, indicating the loan source, date, and amount.

Loan Source	Address	Date of Loan	Loan Amount

! Submit a signed copy of each loan agreement (front and back side).

A. Identify the source of any letters of credit. _____

! Submit copies of initial and current letter of credit.

20. 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.

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

! Submit copies of your corporate income tax for the past three years. Include copies of year-end balance sheets and profit and loss statements for the same 3-year period. If it is a new business submit a current balance sheet and individual income tax returns for the last three years.

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

Work Performed, Materials Supplied, or Services Provided by Your Firm	Company Name	Contact Person and Telephone No.	Your Contract Amount

! Submit copies of contract(s) / purchase orders.

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

[illegible]

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Applicant agrees to provide subcontract quotes to more than one prime bidder on Agency Contracts?

☐ Yes ☐ No

Applicant agrees, upon request, to provide subcontract quotes to prime contractors bidding on Agency Contracts?

☐ Yes ☐ No

Upon penalty of perjury, the undersigned certifies that he/she is the _____
Type or Print Title

of _____
Type or Print Name of Company

That he or she is authorized by the Company to execute this application in 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 Disabled, Minority or Female interests in the business constitute the majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information after the filing of this application and before the work of this firm is completed on any agency awarded contract. The agency must be informed in writing of the change, and failure to do so may result in decertification or denial of certification. 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 (2) DECERTIFICATION (3) DEBARMENT (4) TERMINATING ANY CONTRACT THAT MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

Signature Title(s)

Firm Name: _____ County: _____ State: _____

Date: _____ Corporate Seal (Where Appropriate)

Name(s) _____ / _____

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

(Seal) Notary Public _____ Commission Expires _____

* *If the foregoing certification application has been photocopied, verify the accuracy of the photocopied entries by signing and dating the bottom of each page of the application.*

Schedule A Certification Checklist

BUSINESS ENTERPRISE PROGRAM

I. Attach the following documents:

- ☐ APPLICATION MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE FIRM AND NOTARIZED (Schedule A #12,)
- ☐ Real Estate Agreement(s) Lease, Deeds to Property, or Tax Bill, Including Home-Based Businesses (Schedule A, #4)
- ☐ Current License(s) (All Applicable Business and Professional Licenses) (Schedule A #5)
- ☐ MBE/DBE/WBE/PBE or SBA 8A Certification(s) or Denial(s) or Statement of None (if applicable – Schedule A #10)
- ☐ Evidence of Citizenship/Residency/Legal Permanency for all Owners (Schedule A #2)
- ☐ Evidence of ethnicity (Per 49 CFR Part 23) for all Owners (Schedule A, #2)
- ☐ Documentation Limiting Ownership or Statement of non-applicability
- ☐ Contingent Agreements Affecting Management, Control or Rights of Any Stockholder (if applicable)
- ☐ Resumes (of Work History including Dates and Responsibilities) for all Owners, Officers, Management Employees and Supervisors/Foremen (Schedule A, #12)
- ☐ Title(s) of Automotive Equipment All Vehicles Used for Business Purposes or Leased Through the Business (if applicable)
- ☐ Equipment Lease Agreement(s) and/or Inventory of Equipment (Schedule A, #16)
- ☐ Bank Signature Cards and For Corporations, Bank Resolutions (Schedule A, #18D)
- ☐ Management Service Agreement(s) and or/Payroll Register(if applicable Schedule A # 18F)
- ☐ Proof of Contribution(s) by all Owners to Acquire Stock in Firm or Start-Up Capital (i.e., Cancelled Checks, Loan Agreements) (Schedule A, #16B)
- ☐ Financial Statements including Balance Sheet (Assets and Liabilities) for Past Three (3) Years (Schedule A, #2B)
- ☐ U.S. Federal & State Corporate Income Tax Return or (if None Exist), U.S. Individual Federal & State Income Tax Returns for all Owners (Including All Attachments) and Schedules for Past Three (3) Years (Schedule A, #2B, if less than 3 years then provide personal tax returns)
- ☐ Copies of W-2 forms or 1099's for Past Three (3) Years for all Owners and Officials (Schedule A, #2B, if less than 3 years provide appropriate number of years)
- ☐ Copies of All Loan Agreements and Line of Credit Agreements (if applicable, Schedule A, #19)
- ☐ Purchase Orders/Invoices (Schedule A, #21)
- ☐ Copies of All Bonding Letters (if applicable, Schedule A, #18G)
- ☐ Copies of All Union Agreements (if applicable, Schedule A, #8)

For the following sections attached appropriate documents per your business type
(Schedule A, #2)

II. CORPORATIONS must also include these documents:

- ☐ Articles of Incorporation (front & back pages)
- ☐ Certificate of Incorporation – applicable only if before 2/15/02
- ☐ By-Laws of Corporation
- ☐ Copies of All Stock Certificates, Issued and Cancelled (Front and Back) and Stock Ledger
- ☐ Minutes of First Stockholder's Meeting and/or Corporation's Organizing Minutes
- ☐ Minutes of First Board of Director's Meeting
- ☐ Minutes of Stockholder's Meeting Where the Current Board Members Were Appointed (if applicable)
- ☐ Minutes of Board of Director's Meeting Where the Current Officers Were Appointed (if applicable)
- ☐ If Company is not incorporated in Illinois, you must obtain authorization to do business from the Secretary of State (go to: www.cyberdriveillinois.com/services/home.html) and click: Services for Business (Form BCA 13.15)

III. LIMITED LIABILITY COMPANIES (LLC'S) must also include these documents:

- ☐ Articles of Organization (front & back pages)
- ☐ Certificate of Organization - applicable only if before 2/15/02
- ☐ Operating Agreement

IV. PARTNERSHIPS must also include these documents:

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

V. SOLE PROPRIETORSHIPS must also include:

- ☐ Assumed Name Certification

PLEASE RETURN ALL DOCUMENTS IN THE ORDER THAT THEY ARE LISTED

RETURN TO:

**Illinois Department of Central Management Services
Business Enterprise Program
100 West Randolph, Suite 4-400
Chicago, IL 60601**

If you have any questions please call us at (312) 814-4190 or (800) 356-9206; for the hearing impaired, please call the Illinois Relay Center at (800) 526-0844.

Note: If you need assistance completing this form, please register for the Monthly Business Enterprise Program Certification Workshop. Registration form can be printed from the website www.sell2.illinois.gov . Classes are free; registration is required for all attendees.

Business Enterprise Program and Small Business Set-Aside Program Certification Application Checklist

- ◆ Vendors certifying only with the Small Business Set-Aside Program should complete steps 1-3.

- STEP 1** [Illinois Department of Human Rights \(IDHR\) Application \(Employer Report Form – PC1\)](#) Please complete if you do not currently have a valid IDHR number.
- STEP 2** **Bidder's Application Form (BAF), (Form 401-0297)**
Please complete if you have never applied for certification at the State of Illinois.
- STEP 3** **Request for Taxpayer Identification Number, (Form W-9)**
In order for future payments to be made correctly, please complete and return to us the attached W-9 form verifying your name and FEIN/SSN.
- STEP 4** **Universal Certification Declaration Affidavit**
Please complete. (Copies of this same form submitted to other certifying agencies are acceptable, but you must provide an ORIGINAL NOTARIZED SIGNATURE on the last page.) Make sure all supporting attachments listed in Schedule A checklist are included, arranged in the order listed on the checklist.

If you are currently certified at Chicago Minority Business Development Center (CMBDC), Illinois Department of Transportation (IDOT) or the Women's Business Development Center (WBDC), you may attach a copy of that certification letter, along with your BAF, in lieu of the Universal Certification Declaration Affidavit.

WHERE AND WHEN TIME FRAME

Vendors who want an acknowledgment of receipt of their application should send it by certified mail, return receipt requested.

Universal Certification Applications that are COMPLETE AND CORRECTLY SUBMITTED to CMS/Business Enterprise Program at 100 West Randolph St – Ste. 4-400, Chicago, Illinois 60601, will be processed within approximately 60 days. *In the meantime, so that you may proceed with the bidding process, CMS Procurement Services Division will separately process your BAF.*

Encl.
Docid: certapp06

(ONLY RETURN THIS IF YOU ARE APPLYING FOR PBE STATUS)

PBE ADDENDUM

EFFECTIVE JANUARY 1, 1992, PUBLIC ACT 87-701 ALLOWS FOR BUSINESSES OWNED AND OPERATED BY A PERSON WITH DISABILITY TO PARTICIPATE IN A PREFERENTIAL PROCUREMENT PROGRAM FOR STATE GOVERNMENTAL CONTRACTS.

IF YOU WISH TO APPLY UNDER THIS CATEGORY, COMPLETE THE QUESTIONS IN SECTION E.

- E. "BUSINESS OWNED AND OPERATED BY A PERSON WITH A DISABILITY" means a business concern of which at least 51 percent is owned by one or more persons with a disability, or in the case of corporation, one in which at least 51 per centum of the stock is owned by one or more persons with a disability or by a not for profit agency for the disabled organized pursuant to Section 501 of the Internal Revenue Code of 1954; and the management and daily business operations of which are controlled by one or more of the persons with a disability who own it.

PERSON WITH A DISABILITY shall mean a person who is a citizen or lawful permanent resident of the United States and who has a medically diagnosed, severe physical or mental disability that results from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disabilities, or end stage renal failure disease; and substantially limits at least one of the major life activities such as mobility, communication, self-care, self-direction, interpersonal skills, and work tolerance or work skills in terms of employability; or any other disability or combination of disabilities, which is determined by an evaluation of rehabilitation potential to cause a comparable degree of substantial functional limitation similar to the specific list of disabilities, listed above. {language as specified in P. Act 87-701, Section 2.1, (a) and (b)}.

UNDER THIS DEFINITION, THIS FIRM IS: (CHECK WHERE APPROPRIATE)

☐ A business owned and operated by a person(s) with a disability(s).

IF CHECKED, CONTINUE TO RESPOND, AS APPROPRIATE, TO THE FOLLOWING DOCUMENTATION:

☐ Owner(s) has been or currently is a Department of Rehabilitation Services client in the Vocational Rehabilitation program.

Soc. Sec. Number _____ DHS/ORS Site _____
Date of Birth _____ Site Telephone Number _____

IF CHECKED ABOVE, DO NOT PROCEED

IF NOT CHECKED, FOR EACH OWNER WITH A DISABILITY THE DOCUMENTATION LISTED BELOW MUST be obtained from a licensed medical physician, which addresses the definition of “disability”.

OWNER’S FULL NAME _____

Disability (1) _____
(2) _____
(3) _____

FUNCTIONAL LIMITATION

CHECK ALL APPROPRIATE:

- ☐ Mobility
- ☐ Communication
- ☐ Self-Care
- ☐ Self-Direction
- ☐ Interpersonal Skills
- ☐ Work Tolerance
- ☐ Work Skills
- ☐ Other

SIGNATURE OF CERTIFYING PHYSICIAN TELEPHONE NUMBER

PROFESSIONAL MEDICAL LICENSE NUMBER STATE

THIS PAGE MAY BE REPLICATED AS NEEDED.