



OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT
Governmental Center Annex
115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301
954-357-6400 • FAX 954-357-6010 • TTY 954-357-6181

Dear Business Owner:

Welcome to the Small Business Enterprise Program! Thank you for your interest in doing business with Broward County Government! In your hands right now, you have an example of our commitment to your firm. This paper certification application, for the new small business program, is your key to a wealth of opportunities for contracting with the County.

This application can be completed on line as well. Visit www.broward.org/smallbusiness and click on "Get Certified." It will take about 20 minutes to complete the application, and once we receive the requested support documents, we will certify your firm. As you embark upon completing the certification application, if you have questions or require technical assistance, please contact the Small Business Development Division at (954) 357-6155. We stand ready to meet your needs as a business owner!

Certification as a Small Business Enterprise allows you to participate in the Small Business Sheltered Market Program. An initiative of the Broward County Board of County Commissioners, the Sheltered Market Program reserves nearly all of the County's contracts under \$250,000 for certified Broward County Small Business Enterprises. This creates great potential for your firm, in that your status as a Broward County business is recognized. Competition within the Sheltered Market Program is among firms of similar size. This ensures a level playing field for your business, and translates into real opportunity for businesses that become certified! Beyond that, the program works for all of Broward County, by capitalizing on the abundance of expertise and capacity exhibited by local firms.

The thinking behind the Small Business Program is simple: your success is the County's success. The growth and longevity of your firm is key to long-term economic sustainability and growth for Broward County as a whole. Programs like the Sheltered Market, along with a variety of business services, address concerns of the local business community in creating opportunity and conveying a sense of the valuable role that local businesses play in the County.

The County has assembled an array of innovative opportunities designed to complement your efforts in the increasingly competitive, globalizing business community. From www.broward.org/smallbusiness you can click on "Purchasing" to access current Sheltered Market opportunities, or "calendar of events" to access our free classes or "business opportunities" which will link you to non-County purchasing opportunities.

For you, we vow to strive for professionalism, clarity, and advocacy for the full participation of small businesses into the economic life of the community. You have our word on it. We anticipate a mutually beneficial relationship with your business, and welcome your comments as to how we can better serve the needs of your firm. The County Commission and County agencies are making a concerted effort to add real value to your certification. We are in this together!

Sincerely,

A handwritten signature in black ink, appearing to read "Norman E. Taylor".

Norman E. Taylor
Director
Office of Economic and Small Business Development

INSTRUCTIONS FOR COMPLETING SMALL BUSINESS ENTERPRISE CERTIFICATION APPLICATION (SBE ONLY)

The Broward County Board of County Commissioners has directed that projects under \$250,000 will be identified as Reserved Contracts for certified small business enterprises (SBE). The program is race-neutral, and gender neutral. This means that it is open to all firms that meet the program's requirements. Broward County certified small business enterprise firms (SBE) will receive first consideration for reserved contracts.

All questions must be answered and the requested documents submitted. The signature of the owner(s) applying for certification must be notarized. Failure to follow these instructions may delay the processing of the application. Questions that do not apply to your firm should be marked "NA" in the space provided.

Small Business Enterprise (SBE) Certification

"Small Business Enterprise" or "SBE" is a business that has an occupational license, is located in, and doing business in Broward County. For professional consultants, annual gross sales averaged over the previous three years shall not exceed \$500,000; for firms in contractual services and commodities, annual gross sales averaged over the previous three year period shall not exceed \$1,000,000; for firms in construction, annual gross sales averaged over the previous three years shall not exceed \$3,000,000. Each business must be an independently owned and operated business which employs twenty-five (25) or fewer permanent full time employees. The business must be established for a period of one year prior to submitting its application, and must serve a commercially useful function.

SECTION I - GENERAL APPLICANT INFORMATION

- A. Write in the name of all persons who have an ownership interest in the business. The telephone number and business address should be for your main office. Be sure to include area codes for all telephone and fax numbers. Write in your email address and check off your permission to allow us to use your email address for program related purposes. If your company has a federal Employer Identification Number (EIN), please provide the number. If not, please provide the social security number listed on the firm's tax return.
- B. Check the type of business structure of your company. Provide the date that the business was started or was purchased by the applicant owner(s) listed in "Part A" above.
- C. Write in the number of permanent full time employees in your firm?
- D. If you operate your business out of your home, please check "YES".
- E. Provide the name(s) and address(es) of any branch offices, subsidiaries, and/or affiliates of the firm.
- F. Refer to the NAICS (North American Industry Standards) Code listing and provide the code(s) that best describes the service, product, or work of the firm. NAICS listings can be found on the Internet at www.naics.com, click on "Code Search"; or at your local library.
- G. Write a one word description of your firm's nature of business/primary product, service, or work area. For further clarification you may add up to three specific products or services offered by your firm. For example: Landscape, Irrigation, Design, Lighting.
- H. Check off the type of business activity your firm performs: choices are: Construction Services, Contract Services, Commodities Supplier, Licensed professional services.

SECTION II - OWNERSHIP

List the applicant(s) who own this company and assign % of ownership.

- A. Has ownership of this firm changed since the business was started or acquired?
- B. If you answered "YES" to "A", then provide the date of the change.

SECTION III - FINANCIAL INFORMATION

- A. List the gross earnings of the company for the most recent three years. This amount should match the gross earnings listed on the business tax return for the firm.
- B. Provide the name and contact number of your bonding agent and the firm's current bonding capacity.
- C. List the three largest contracts or sales completed by the firm during the last three years. List each customer's name and company, or organization, the dollar amount of each contract or sales, and the date completed. If any are subcontracts, provide the name of the firm to which you subcontracted.

SECTION IV - OTHER INFORMATION

List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees.

SECTION V - OTHER CERTIFICATION

- A. If the business is currently certified as a MBE, WBE, SBE, and/or DBE with another agency anywhere in the United States please provide the name of the agency, the type of certification, and the date the certification will expire.
- B. If the certifying agency in Part "A" above conducted an on-site visit with you prior to granting your current certification respond "YES" to this question.
- C. If the firm or any owner, Director, officer, or management personnel associated with the firm has ever applied for and been denied MBE, WBE, SBE, and/or DBE certification, please respond "YES" to this question.

CERTIFICATION AFFIDAVIT - MUST BE COMPLETED BY ALL APPLICANTS

The Affidavit must be signed by the President or Chief Executive Officer of the firm. The affidavit must be notarized. False statements shall make your firm subject to decertification and/or denied future certification.

This form is required for all applicants.

SUPPORTING DOCUMENT CHECKLIST

All applicants MUST follow the checklist for documentation that is required with the application.

**BROWARD COUNTY
SMALL BUSINESS ENTERPRISE (SBE)
CERTIFICATION APPLICATION**

Please Read Instructions Carefully - Completed Application Must be Signed & Notarized
IMPORTANT: You must also register as a vendor with Broward County Purchasing Division
On-Line: www.broward.org/purchasing and click on "Vendor Registration"

SECTION I - GENERAL APPLICANT INFORMATION

A. Applicant(s) Name _____

Contact Person _____

Legal Name of Business _____

Other Names Used by Business (DBA) _____

Street Address of Business _____

City _____ State _____ Zip Code _____

Mailing Address if Different from Street Address _____

Telephone Number _____ Fax Number _____

Email _____ Do we have your permission to use your Email address
for program related information? YES NO

Website http:// _____

Applicant's Social Security Number or Firm's Federal EIN: _____

B. Type of Business: Sole Proprietorship Partnership Corporation
 Tribal Enterprise Limited Liability Corp. Limited Liability Partnership

Date business was started or acquired _____

C. How many permanent full time employees are employed by your firm? _____

D. Is this a home based business? YES NO

E. List all branch offices/subsidiaries/affiliates by name and address:

Name _____

Address _____

Name: _____

Address: _____

F. List all NAICS Codes that apply to your firm
(visit www.sba.gov/size or www.naics.com and click on "Code Search" on the internet):

(_____) (_____) (_____) (_____) (_____)

G. Please provide a brief description of the primary area(s) of work performed in the business. This is how your business will be listed and described in the certification directory.

H. Type of business activity - check one:

- Construction Services
- Contract Services
- Commodities Supplier
- Licensed professional services

SECTION II - OWNERSHIP

- A. Percentage of business owned by each applicant(s) _____
- B. Has this ownership percentage changed since the business was started or acquired? YES NO
- C. If a change has occurred, when did the change occur? _____

SECTION III - FINANCIAL INFORMATION

A. Please list the firm's gross receipts for each of the last three years (or life of firm if less than 3 years).

Year	Gross Receipts
_____	_____
_____	_____
_____	_____

B. Provide the name and contact number of your bonding agent and the firm's current bonding capacity. (If applicable)

C. List the three largest contracts or sales completed by the firm during the last three years. List each customer's name and company or organization, the dollar amount of each contract or sales, and the date completed. If any are subcontracts, indicate the contract as such and provide the name of the firm to which you subcontracted.

- 1) Customer Name: _____
Company or Organization: _____
Contract Amount: \$ _____
Date: _____
- 2) Customer Name: _____
Company or Organization: _____
Contract Amount: \$ _____
Date: _____
- 3) Customer Name: _____
Company or Organization: _____
Contract Amount: \$ _____
Date: _____

SECTION IV - OTHER INFORMATION

List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees.

SECTION V - OTHER CERTIFICATIONS

- A. Is this business currently certified as a Minority, Woman, Disadvantaged, and/or Small Business Enterprise by any local, state or federal agency? YES NO

If yes, please list the name of the agency and the date the current certification will expire.

Agency	Type of Certification	Expiration Date
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- B. Was a site visit conducted as part of the certification process? YES NO

- C. Has this firm or any of its owners, members of the Board of Directors, officers, or management personnel ever been denied certification/recertification or been decertified, suspended, or disbarred as a MBE, WBE, DBE and/or SBE? YES NO

Explanation: _____

I hereby authorize the Broward County Office of Economic and Small Business Development to verify the accuracy of the statements made in this application in order to determine whether I meet the standards established for the Broward County Small Business Certification Program. These statements are true and correct to the best of my knowledge.

Signature of Applicant

Title

Date

SMALL BUSINESS ENTERPRISE (SBE) SUPPORTING DOCUMENTS CHECKLIST

To be sure you have submitted all requested information, place a check mark by the items you have submitted and completed. Any missing information may delay the processing of your application.

- Completed Application
- Original** Affidavit signed and notarized (Keep Copy for your Records)
- Copies of all business tax receipts
- Copies of all professional licenses
- Up-to-date, detailed, resumes of all owners, directors, officers, and senior management. Resumes should reflect their experience and/or training in the type(s) of business being conducted by the corporation.
- Complete corporate federal tax returns for previous three (3) years, including all schedules. Sole Proprietors submit individual tax returns for previous three (3) years.
- Owners who are not U.S. citizens must submit proof of legal permanent residence.

Mail (DO NOT FAX) this application for certification to:

Broward County Board of County Commissioners
Office of Economic and Small Business Development
115 S. Andrews Avenue, Room A680
Fort Lauderdale, FL 33301

Attention: Certification Section

Phone: (954) 357-6400
E-mail: smallbusiness@broward.org
Corporate

IMPORTANT: You must also register as a vendor with Broward County Purchasing Division
Online: <http://www.broward.org/purchasing> and click on "Vendor Registration".

BROWARD COUNTY SBE CERTIFICATION AFFIDAVIT

I hereby swear that I have the authority to sign this affidavit as the Small Business Enterprise owner of the Applicant Firm noted below. I further swear that the statements on the accompanying Certification Application form and all accompanying documents are true, complete, and correct and include all materials necessary to explain the ownership and operation of the applicant firm. I affirm that any changes that have occurred during the past twelve months in the ownership, control, structure, or operation of the firm have been fully disclosed herein by attachment or notation.

(Name of Applicant Firm)

The above named firm agrees:

1. To abide by the requirements of the SMALL BUSINESS ENTERPRISE (SBE) Program as indicated on this application and all of the applicable rules/regulations/policy guidelines of Broward County.
2. To notify Broward County within ten (10) working days of any change in the ownership, control, management or status of the firm.
3. That, in order to monitor the status of the firm, Broward County has the right to review the firm's books, contracts, facilities, and records. Broward County also may request and review any additional information deemed necessary to complete such process.
4. That failure to answer any question or to supply any documentation requested during the application process may be cause to deny the certification request.
5. That Broward County, for cause, may withdraw certification after applying its own approved procedures.
6. That Broward County may deny certification or rescind certification and initiate action under Federal or State laws concerning false statements. This may occur, if during or after the certification process, it is found that the undersigned have submitted false, inaccurate, or misleading information.
7. That Broward County has the right to refuse certification of any firm, based on its implementation of the SBE eligibility standards, despite the fact that the firm may be certified by another entity.
8. Any information contained in this application, or obtained during on-site reviews, may be released to other certifying agencies with which the applicant has applied for certification.
9. That Broward County has the right to contact any person(s) or business 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.
10. That the undersigned will provide to Broward County, current, complete, and accurate information regarding actual work performed as a SBE on a contract. The applicant further agrees to supply documentation regarding payments for work performed, any proposed change to the arrangements on the contract, and to permit the audit and examination of books, records, and files of the named firm. Any material misrepresentation will be grounds for terminating any contract that may be awarded and for initiating action under local, Federal, or State laws concerning false statements.

By my signature, I recognize and accept the ten (10) preceding statements governing the consideration of this SBE application.

Printed name of Owner: _____

Owner's Signature: _____

NOTARY:

On this ____ day of _____, _____, the above named person did appear before me and being duly sworn, did execute the foregoing Affidavit and did state that he or she was properly authorized by:

(Name of Firm) _____ to execute the Affidavit and did so of his/her own free act and deed.

Personally Known YES NO

Produced I.D. Form of I.D. _____

State of: _____

Notary Signature: _____

County of: _____

My Commission Expires: _____