



OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT
Governmental Center Annex

115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-5674

Thank you for your interest in doing business with Broward County Government! This certification application for the Small Business Enterprise (SBE) and/or County Business Enterprise (CBE) program is your key to accessing additional opportunities for contracting with the County.

It will take about 20 minutes to complete the application. Once we receive the completed application, accompanied by the required supporting documents, your firm will be evaluated for certification eligibility. Should you have questions or require technical assistance in completing your application, please contact the Office of Economic and Small Business Development at (954) 357-6400. We are ready to assist you throughout the application process, which can take up to 90 days, pending receipt of all required documentation.

Certification as a Small Business Enterprise (SBE) allows you to participate in the Small Business Enterprise Reserves Program. An initiative of the Broward County Board of County Commissioners, the SBE Reserves Program can reserve the County's contracts under \$250,000 for certified Broward County SBEs. Competition within the SBE Reserves 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.

The Broward County Business Opportunity Act of 2012 amendment effective on May 9, 2018, establishes a minimum goal of at least 25 percent participation by CBE certified firms in all eligible county procurement contracts, with some exceptions. Certification as a CBE allows your business to participate in those procurement contracts as a certified subcontractor.

The County encourages prime contractors to use CBE certified firms to perform work on contracts. This creates great potential for your business, because prime contractors are constantly looking for CBE certified firms to meet their subcontracting CBE participation goals. Additionally, there are opportunities for CBE certified firms to also gain practical experience as prime contractors through the CBE Reserves Program as contracts may be reserved for CBEs when deemed appropriate.

The growth and longevity of your firm is vital to long-term economic sustainability and growth of Broward County as a whole. We strive for the full participation of our SBEs and CBEs in the economic life of the community. We anticipate a mutually beneficial relationship with your business, and welcome comments as to how we can better serve the needs of your firm.

Sincerely,

A handwritten signature in blue ink, appearing to read "S.M. McDonald".

Sandy-Michael E. McDonald, Director

INSTRUCTIONS FOR COMPLETING THE BROWARD COUNTY SMALL BUSINESS DEVELOPMENT COMBINED CERTIFICATION APPLICATION

Upon receipt of this application by the Broward County Office of Economic and Small Business Development, your firm will be considered for County Business Enterprise (CBE) certification, Small Business Enterprise (SBE) certification, or both.

All questions must be answered and the requested documents submitted. Incomplete applications and/or applications submitted without the requested documentation will be returned. Questions that do not apply to your firm should be marked "N/A" in the space provided. The County recognizes that you may not have all the documentation we request. Should that be the case, please submit a letter with your documentation stating which documents do not exist and why. Please note: There is a difference between a document that does not apply and one that has not been created. If we require a document you should have, such as a business tax receipt, then you should obtain the document and satisfy its requirements, before applying for certification. If your firm is a non-profit entity, **do not** complete this application – only "for-profit firms" qualify for Broward County certifications. **All Applicants MUST be a Registered Vendor with Broward County. To register, visit: BidSync.com**

Section I General Applicant Information

- A. Provide the legal business name and any other names (includes "Doing Business As" or fictitious) used by the Applicant firm. List all owners. The business telephone number and address should be for your office located in Broward County. Be sure to include area codes for all telephone and fax numbers. Provide the e-mail address and the web site for your firm. List your Employer Identification Number (EIN), also called a Federal Tax Identification Number, if one has been assigned.
- B. Select the appropriate business structure of your company. Provide the date the business began and how the business was acquired by the Applicant owner(s) listed in Part A above.
- C. Indicate the number of full time and part-time employees and enter the total number of distinct employees (full-time + part-time = total employees).
- D. Provide the name(s) and address(es) of any branch offices, subsidiaries, and/or affiliates of the Applicant firm for which certification is being sought.
- E. Select the type of business activity that best describes the Applicant's specialty.
- F. Refer to the North American Industry Classification System (NAICS) and provide the code(s) that best describes the service, product, or work of the firm. NAICS can be found at your local library or on the internet - visit naics.com and select [NAICS Identification Tools](#). **Attention Commodities Suppliers: You must show inventory and proof of on-going business activity for any selected codes.**
- G. Describe the goods and/or services you offer. Be specific.

Section II Ownership

- A. List the personal net worth of all applicant(s) and their ownership percentage in the business. NOTE: This section of the application cannot be left blank. *Be sure to attach all Personal Net Worth worksheets (one for each owner listed) to the completed application.*
- B. Indicate if the ownership interest of any of the owners has changed since the business originated or was acquired. If a change has occurred, provide the date the change occurred.

- C. Provide the total cost for starting or acquiring the business. Include any contributions/investments of cash, equipment, real estate, or other consideration that were transferred to the business as a part of the capitalization process by each owner.
- D. List any additional capital contributions of cash, equipment, etc., made by anyone since the business originated or was acquired.
- E. List the name and title of each person who is a member of the Board of Directors for the company. If the firm is a sole proprietorship or partnership and has no Board, please indicate "N/A" in the space provided.

Section III Financial Information

- A. Provide the name(s) of the banks, credit unions, etc. where you have business accounts and identify the type of account(s) in each institution.
- B. 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 returns for the firm.
- C. Provide the name and contact number of the firm's bonding agent and current bonding capacity, if applicable.
- D. List the three largest contracts or sales completed by the firm during the last three years. List each customer or contact name, company or organization, the dollar amount of each contract or sale, and the date completed. If any are subcontracts, indicate the contract as such **and** provide the name of the firm to which you subcontracted.

Section IV Control

- A. List the name(s) and title(s) of the individual(s) responsible for the listed items.
- B. List the salaries or other compensation received by the owners and/or officers of the firm. Include anyone listed in Section II, Part A above.
- C. If anyone in authority in the Applicant firm holds stock in another firm engaged in the same, or similar, business as the applicant firm, respond **YES** to this question.
- D. If anyone in authority in the Applicant firm is a former owner, current owner or works for another firm engaged in the same, or similar, type of business as the applicant firm, respond **YES** to this question.
- E. If you answered **YES** to Part C and/or Part D above, provide the name of the person(s), name of the other firm(s), the ownership percentage owned by the individual(s), and the position(s) held in the other firm.
- F. Businesses are affiliates of each other when they share common ownership, common management, common facilities, or contractual relations. If the firm is an affiliate or has affiliates under that definition, provide information regarding the common ownership, management, and contractual relationships between the firms.
- G. If the Applicant firm outsources management functions and/or payroll, explain in this section.

Section V Facility Information

- A. List all locations the Applicant firm uses to conduct business; this includes principal and regional offices,

and warehouse space. Indicate if the location is a residence or a commercial facility, and if any facilities utilized by the Applicant firm are shared with another entity.

- B.** If any facility is shared, provide information on the firm(s) sharing space with the Applicant firm including contact person and principal business activities.
- C.** Verify if the Applicant firm is open during regular business hours. If not, please indicate the operating hours. An applicant firm must have a continuous operating presence in Broward County, including **full time** employees sufficient to perform contracted work with the County, operating from the Broward County location.

Section VI Licenses and Registrations

- A.** List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees. (*Attach licenses, receipts, and certificates to the completed application*)

Section VII Equipment

- A.** If the Applicant firm is involved in construction/demolition, trucking, fleet management, or other business in which significant capital is tied up in vehicles or heavy equipment, answer the question. Other firms should indicate "N/A" and proceed to Section VIII.

Section VIII Certification History

- A.** If the business is currently certified with any other governmental agency (Federal, State, County and/or City) anywhere in the United States, please provide the name of the agency, the type of certification, and the date the certification will expire. Also, include all attempts to attain certification by anyone affiliated with the business.
- B.** Explain any instances of decertification or removal of participation from government certification programs that may be applicable to the applicant firm or firms associated with the applicant's owners, officers, directors, or senior managers.
- C.** Explain any suspensions or debarments from government contracting that may be applicable to the applicant firm or firms associated with the Applicant firm's owners, officers, directors, or senior managers.
- D.** Sign and date the form.
- E.** Complete the accompanying affidavit (pages 8-9).

If additional assistance is needed to complete the application, contact the Broward County Office of Economic and Small Business Development at 954-357-6400 (voice).

**BROWARD COUNTY OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT
COMBINED CERTIFICATION APPLICATION**

SUPPORTING DOCUMENTS CHECKLIST

NOTE: Applications not including the documentation listed below will be returned to the applicant.

- Completed application and original signed and notarized affidavit.
- Completed Personal Net Worth Worksheet.
- Corporate Federal Tax Return for previous three (3) years (**Front Page ONLY**) or Sole Proprietorship, copies of your Individual Tax Return Schedule C for the past three (3) filing years. For individual tax returns, please remove your social security number from the copy prior to submitting the copy.
- Copy of all Broward County **and** Municipal Business Tax Receipts, previously called occupational licenses. For any questions about Broward County Business Tax Receipts, contact the Broward County Records, Taxes and Treasury Division at 954-831-4000 or visit broward.org/RecordsTaxesTreasury and **click** "[Local Business Tax](#)" **under** Tax Information.
- Copies of all State and/or County competency professional licenses. For any questions about required licensing, contact the Broward County Permitting, Licensing and Consumer Protection Division at 954-765-4400 or visit broward.org/PermittingandLicensing.
- Up-to-date, detailed resumes of all owners. Resumes should reflect their experience and/or training in the type(s) of business being conducted by the corporation.
- Provide one of the following:
 - a. Sole Proprietorship - Sole Proprietor Certificate which is your Registration of Business with the State (Fictitious Name) or
 - b. Partnership or Joint Venture - Original and any amended Partnership or Joint Venture Agreements or
 - c. Corporation or LLC - Registration must be current with the State Division of Corporations
- Copy of the current lease for business location, if business is not home-based.
- Copies of three (3) contracts, sales invoice or service agreements, etc. currently performing or completed by the firm as listed on the application in Section III (D).

NOTE: As part of the review process of your certification application, the Broward County Office of Economic and Small Business Development **may** request additional supporting documents **and** perform site visits, as deemed necessary. For assistance completing the application, call 954-357-6400 (voice). **The application and supporting documentation for certification must be mailed or hand delivered - DO NOT FAX.**

MAIL TO:

Office of Economic and Small Business Development
Attn: **Certification Section**
115 S. Andrews Avenue, Room A-680
Fort Lauderdale, FL 33301



Office of Economic and Small Business Development
Combined CBE / SBE Certification Application

Section I General Applicant Information

A. Legal Name of Business: _____

Other Names Used by Business (d/b/a): _____

Owner(s): _____

Business Address (Broward County Only): _____

Bldg./Floor/Room/Suite: _____ City: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ Cellular Phone: (____) _____

E-mail Address: _____ Web site: _____

EIN #: _____

B. Business Type:

- Corporation Joint Venture Limited Liability Company Partnership
Sole Proprietorship Other

Business Origin: New Start-Up Bought Existing Merged Inherited Transfer
Other: _____ Start Date: _____

C. Number of Employees: Full Time + Part-Time = Total

D. List all branch offices, subsidiaries and/or affiliates. Attach additional sheet(s) as needed.

Table with 2 columns: Name, Address

E. Select Type of Business Activity: Construction Architecture Engineering
Commodities Supplier Business / Contract Services (Includes Janitorial, Pest Control, Security Services, Printing, Marketing, Consulting, etc.)

F. List all NAICS codes that apply to your firm (Visit naics.com and select NAICS Identification Tools)

Table with 6 columns for NAICS codes

G. Identify the major products/services offered by your firm using a specific Narrative Description. Attach additional sheets as needed.

Section II Ownership

A. Personal net worth and percentage of business owned by each applicant owner(s). *Note:* Personal net worth does not include the value of the business or the equity in the owner's primary residence. Complete one *Personal Net Worth Worksheet* for **each owner** included in this application.

Name	Personal Net Worth	% Ownership	Years as Owner

B. Has the ownership changed since the business was started or acquired? YES NO
 If a change occurred, on what date did the change occur? _____

C. List all contributions/investments of cash, equipment, real estate, expertise, or other consideration used by each owner to acquire ownership interest in firm.

Name	Cash	Equipment	Real Estate	Other

D. List any additional contributions made by anyone since the business began or was acquired.

Name of Contributor	Type of Contribution	Value of Contribution

E. List Board Members/Directors (attach additional sheet as needed)

Name	Title

Section III Financial Information

A. List the names of the financial institution(s) where you have business accounts. Identify type of account: i.e. checking, line of credit, loan, savings, etc.

Name of Bank/Financial Institution	Account Type

B. List the firm's exact gross receipts for each of the last three years (or life of firm if less than 3 years).

Year	Exact Gross Receipts

C. Provide the following information regarding the firm's current bonding capacity, if applicable.

Bonding Capacity	Bonding Agent Name	Bonding Agent Telephone

D. List the three largest contracts or sales completed by the firm during the last three years. Provide the following detail for each.

(1) Contact Name: _____

Company Name: _____

Contract Amount: _____ Completion Date: _____

Subcontract: YES NO Type of work performed: _____

(2) Contact Name: _____

Company Name: _____

Contract Amount: _____ Completion Date: _____

Subcontract: YES NO Type of work performed: _____

(3) Contact Name: _____

Company Name: _____

Contract Amount: _____ Completion Date: _____

Subcontract: YES NO Type of work performed: _____

Section IV Control

A. List the name(s) of the individual(s) responsible for the following:

	Name of Person	Title
Finance		
Office Management		
Estimating / Bidding		
Marketing / Sales		
Hiring / Firing Mgmt. Personnel		
Major Purchases		
Supervising Field Operations		
Sign Payroll / Insurance		
Contract Negotiation		
Signing Contracts		
Signing Checks		

B. Indicate the annual salaries of all officers, owners, and those individuals responsible for the day-to-day operations of the firm. If no salary is drawn, please list the method of compensation.

Name	Title	Salary/Compensation

C. Does any owner/principal/board member/officer own stock in another firm engaged in the same or similar line of business? YES NO

D. Does any owner/principal/board member/officer work for another firm engaged in the same or similar line of business as the applicant firm? YES NO

E. If you answered yes to either of the above two questions, please identify the individual(s), other firm(s), ownership percentage, and/or position held with the other firm as applicable. Attach sheet if needed.

F. Is this business an affiliate of any other business? YES NO

NOTE: Businesses are affiliates of each other when they share common ownership, common management, or any contractual relations.

If yes, please provide the affiliated business and the name(s) of those working with the affiliate in the three areas listed below.

Affiliated Business: _____

Common Ownership: _____

Common Management: _____

Common Relationships: _____

G. Does your firm rely on another for management functions or employee payroll? YES NO

If yes, please explain: _____

Section V Facility Information

A. List all offices and facilities used by the Applicant firm. NOTE: In the chart below, use “C” for a Commercial location and “R” for a Residential location. For all listed commercial facilities, attach written lease agreements (with contact information for landlord) or proof of ownership (deed, mortgage agreement, or property tax bill). Please submit cancelled checks for three (3) months of lease payments along with each lease agreement.

Address (Street Number, FL./Rm./Ste., City, and Zip)	Purpose (i.e. principal office, storage, warehouse)	Size (Approx. Sq. Ft.)	Type (C / R)	Shared (Y / N)

B. List the name(s) and contact information of the firm(s) that share space with the Applicant firm.

Shared Facility Address (Street Number, FL./Rm./Ste., City, and Zip)	Name of Firm Sharing Facility	Principal Business Activities	Contact Name	Telephone

C. Is the principal office of the Applicant firm open during normal business hours, Monday through Friday from 8:30 a.m. – 5:00 p.m.? YES NO

If no, what are the hours of operation? _____

SECTION VI Licenses and Registrations

A. List all the Federal, State, County, or City licenses and permits held by the Applicant firm to legally conduct business and legally operate the business in Florida and the jurisdiction where firm is located. (Included are City and County business tax receipts, professional licenses, certificates of competency, etc.) Submit copies of all current licenses, permits, and/or pending applications.

Licensing Entity	License Name	Exp. Date	License Number	Any Limitations? (Y / N – List if applicable)

Section VII Equipment

A. If the Applicant firm is involved in construction, trucking, transportation, or other business in which significant capital is tied up in vehicles or heavy equipment, please complete the chart below. If not, indicate “N/A” and proceed to Section VIII. Attach sheet(s) as needed. Submit copies of titles and purchase documentation if owned and/or lease agreements with proof of recent payment.

Equipment	Serial Number	Quantity	Leased or Owned?

Section VIII Certification History

A. Describe the Applicant firm’s certification history with all other governmental entities (Federal, State, County, City), including certification attempts made by other firms affiliated with owners, officers, directors, or senior management of the current Applicant firm. **Attach additional sheets as needed to disclose all certifications and denials.**

Government Entity	Firm	Certification Type	Ever Certified? (Y / N)	Current Status/Expires

B. Has the Applicant firm or any firm associated with the Applicant firm’s owners, officers, directors, or senior management been decertified or removed from participation in any government certification program?
 YES NO If yes, please explain on a separate sheet of paper.

C. Has the Applicant firm or any firm affiliated with the Applicant firm’s owners, officers, directors, or senior management been suspended or debarred from contracting with any government entity?
 YES NO If yes, please explain on a separate sheet of paper.

Section IX Owner Ethnicity / Gender (Optional)

A. Broward County’s small business programs are race and gender-neutral. To assist the County in tracking outcomes for our certified firms, which of the following best describes the ethnicity and/or gender of the firm’s primary owner(s) (at least 51% ownership)?

Gender: FEMALE MALE Equally-owned (FEMALE and MALE)

Check one or more as applicable:

<input type="checkbox"/> African American/Black/Afro-Caribbean	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Subcontinent Asian
<input type="checkbox"/> Other, not listed above. Please indicate:		

I do 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 Development Program. These statements are true and correct to the best of my knowledge.

Signature of Applicant
Title
Date



**Office of Economic and Small Business Development
Combined CBE / SBE Certification Application**

AFFIDAVIT

I hereby swear that I have the authority to sign this affidavit as the 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 Applicant Firm have been fully disclosed herein by attachment or notation.

(Name of Applicant Firm)

The above named Applicant Firm agrees:

1. To abide by the requirements of Broward County's Business Programs, including administrative orders, processes and procedures relating to the Business Opportunity Act and the County Business Enterprise Act.
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 eligibility of the Firm, Broward County has the right to review the Firm's books, contracts, facilities, and records. Broward County 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 decertify a firm's certification after applying its own approved procedures.
6. That Broward County may deny 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 has 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 Broward County Business Program 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 Firm has applied for certification.
9. That Broward County has the right to contact any person(s) or business(es) named in the application, and the Applicant 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 Firm's eligibility.

10. That the undersigned will provide to Broward County, current, complete, and accurate information regarding actual work performed on contracts. The Applicant Firm 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 of work scheduled or performed will be grounds for terminating any contract that may be awarded and for initiating action under applicable laws and rules concerning false statements, including potential debarment under the County Procurement code and loss of certification.

In order to validate your application, please sign and notarize the statement on this page.

By my signature, I recognize and accept the ten (10) preceding statements governing the consideration of this Broward County Combined Certification application, and assert that the information provided in the foregoing regarding ownership and size of this firm is accurate.

Printed Name of Owner: _____

Owner's Signature: _____

FOR NOTARY USE ONLY:

On this _____ day of _____, _____, the above named person
(Date) (Month) (Year)
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.: YES NO

Form of I.D. Produced: _____

Notary Signature: _____

State of: _____

County of: _____

Commission Expiration Date: _____

Notary Seal



**Office of Economic and Small Business Development
Combined CBE / SBE Certification Application**

PERSONAL NET WORTH WORKSHEET

PERSONAL NET WORTH OF _____
(NAME)

AS OF _____
(DATE)

ASSETS

1. CASH	\$
2. RETIREMENT ACCOUNTS	\$
3. LIFE INSURANCE	\$
4. STOCKS, BONDS, AND OTHER SECURITIES	\$
5. FAIR MARKET VALUE OF OTHER BUSINESSES	\$
6. REAL ESTATE (NOT INCLUDING PRIMARY HOME)	\$
7. PERSONAL VEHICLES	\$
8. OTHER PERSONAL PROPERTY	\$
9. OTHER ASSETS	\$
TOTAL ASSETS	\$

LIABILITIES

1. ACCOUNTS PAYABLE	\$
2. NOTES PAYABLE	\$
3. NOTES ON PERSONAL VEHICLES	\$
4. LOANS AGAINST LIFE INSURANCE	\$
5. REAL ESTATE MORTGAGE(S) (NOT INCLUDING PRIMARY HOME)	\$
6. UNPAID TAXES	\$
7. OTHER LIABILITIES	\$
TOTAL LIABILITIES	\$

NET WORTH (Total Assets minus Total Liabilities) = \$ _____