



SMALL BUSINESS ELEMENT PROGRAM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

Should you apply?

- Is your firm at least 51% owned and controlled by an economically disadvantaged individual (where economically disadvantaged is defined as a person whose personal net worth is less than \$1.32 million
- Is the economically disadvantaged owner a U.S. citizen or lawfully permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's size standard and does not exceed \$23.98 million gross receipts?
- Is your firm organized as a for-profit business?

If you answered yes to all of the questions above you may be eligible to participate in the Small Business Enterprise Program.

Be sure to attach all of the documents listed in the Documents Checklist (available through the DOTD website) with your completed application.

If you are currently certified as a Disadvantaged Business Enterprise (DBE) you are eligible for a streamlined certification process. Under the streamlined process you must submit the Small Business Element Program Application for DBE Certified firms containing two (2) pages.

Section 1: CERTIFICATION INFORMATION

A. Basic Contact Information

(1) Contact Person and Title:		(2) Legal Name of Firm		
(3) Phone #:	(4) Other Phone #:	(5) Fax #:		
(6) E-mail		(7) Firm Website:		
(8) Street Address of Firm (no P.O. Box)	City	County/Parish	State	Zip
(9) Mailing Address of Firm (if different)	City	County/Parish	State	Zip

B. Prior/Other Certifications and Applications

(10) Is your firm currently certified for any of the following U.S. DOT programs?
 DBE ACDBE Names of certifying agencies: _____
 If you are currently certified as a Disadvantaged Business Enterprise (DBE) you are eligible for a streamlined certification process. Under the streamlined process you must submit the Small Business Element Program Application for DBE Certified firms containing two (2) pages.
 List the dates of any site visits conducted by your home state and any other states or UCP members:
 Date: _____ State UCP Member: _____ Date: _____ State UCP Member: _____
 (11) Indicate whether the firm or any persons listed in this application have ever been:
 (a) Denied certification or decertified as a DBE, ACDBE, 8(a). SBE. MBE/WBE firm? Yes No
 If yes, explain the nature of the action. (If you appealed the decision to DOT or another agency, attach a copy of the decision)

Section 2: GENERAL INFORMATION

A. Business Profile:

(1) Give a concise description of the firm’s primary activities and the product(s) or service(s) it provides. If your company offers more than one product /service, list the primary product or service first. Please use additional paper if necessary. This description may be used in our database and the online directory if you are certified as a SBE.

(2) Applicable NAICS Codes for this line of work include: _____

(3) This firm was established on ___/___/_____ (4) I/We have owned the firm since: ___/___/_____

(5) Method of acquisition (Check all that apply):
 Start new business Bought existing business Inherited business Secured concession
 Merger or consolidation Other (explain): _____

(6) Is your firm “for profit?” <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Tax ID # _____	STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.
---	---

(7) Type of Legal Business Structure: (check all that apply):

- Sole Proprietorship Limited Liability Partnership
 Partnership Corporation
 Limited Liability Company Joint Venture (Identify all JV partners _____)
 Other. Describe: _____

(8) Number of Employees: Full-time _____ Part-time _____ Total _____

(Provide a list of employees, their job titles, and dates of employment, to your application).

(9) Specify the Firm's Gross Receipts for the Last 3 Years: (Submit complete copies of the firm's Federal tax returns for each year. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns).

Year _____ Gross Receipts of Applicant Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____
Year _____ Gross Receipts of Applicant Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____
Year _____ Gross Receipts of Applicant Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

B. Relationships and Dealings with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment or office staff, with any other business, organization or entity? ___ Yes ___ No
If yes, explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Also detail the items shared.

(2) Has any other firm had an ownership interest in your firm at present or at any time in the past?
 Yes No If yes, explain: _____

- (3) At present or at any time in the past, has your firm:
- (a) Ever existed under different ownership. A different type of ownership or a different name? ___ Yes ___ No
 - (b) Existed as a subsidiary of any other firm? ___ Yes ___ No
 - (c) Existed as a partnership in which one or more of the partners are/were other firms? ___ Yes ___ No
 - (d) Owned any percentage of any other firm? ___ Yes ___ No
 - (e) Had any subsidiaries? ___ Yes ___ No
 - (f) Served as a subcontractor with another firm constituting more than 25% of your firm's receipts? ___ Yes ___ No

(If you answered "Yes" to any of the questions in (2) and/or (3) (a) – (f), you may be asked to provide further details and explain whether the arrangement continues).

Section 3: MAJORITY OWNER INFORMATION

A. Identify the majority owner of the firm holding 51% or more ownership interest.

(1) Full Name: _____ (2) Title: _____ (3) Home Phone #: _____
() _____ - _____
(4) Home Address (street and number) _____ City: _____ State: _____ Zip: _____

(5) Gender: ___ Male ___ Female	(6) U.S. Citizen: ___ Yes ___ No	(7) Lawfully Admitted Permanent Resident: ___ Yes ___ No
------------------------------------	-------------------------------------	---

(8) Number of Years as owner: _____ (9) Percentage Owned: _____

(10) Initial Investment to acquire ownership interest in firm to include type and amount (Check all that apply):
Cash \$ _____ Real Estate \$ _____ Equipment \$ _____ Other \$ _____
Method of acquisition (Check all that apply):
 Start new business Bought existing business Inherited business Secured concession
 Merger or consolidation Other
(explain): _____

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:

(2) Does this owner perform a management or supervisory function for any other business? ___ Yes ___ No
If Yes, identify: Name of Business: _____ Function/Title _____

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No
Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: _____

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? _____

(b) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
(If yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Yes No If yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets if needed): _____

Section 3: Minority Ownership Information

A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm. (Attach separate sheets for each additional owner).

(1) Full Name: _____ (2) Title: _____ (3) Home Phone #: _____
(_____) _____ - _____
(4) Home Address (*street and number*) _____ City: _____ State: _____ Zip: _____
(5) U.S. Citizen: ___ Yes ___ No
(6) Lawfully Admitted Permanent Resident: ___ Yes ___ No
(7) Number of years as owner: _____
(8) Percentage Owned: _____
(9) Initial Investment to acquire ownership interest in firm to include type and amount (*Check all that apply*):
Cash \$ _____ Real Estate \$ _____ Equipment \$ _____ Other \$ _____
(10) Method of acquisition (Check all that apply):
 Start new business Bought existing business Inherited business Secured concession
 Merger or consolidation Other
(explain): _____

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:

(2) Does this owner perform a management or supervisory function for any other business? ___ Yes ___ No
If Yes, identify: Name of Business: _____ Function/Title _____

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No
Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: _____

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? _____

(b) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
If yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Yes No If yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets if needed): _____

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors (If additional space is required, attach a separate sheet):

(1) Officers of the company	Name	Title	Date Appointed
	(a)		
	(b)		
	(c)		
	(d)		
	(e)		
(2) Board of Directors	Name	Title	Date Appointed
	(a)		
	(b)		
	(c)		
	(d)		
	(e)		

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes No
 If Yes, identify for each:
 Person: _____ Title: _____
 Business: _____ Function: _____

Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed in (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No
 If Yes, identify: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

B. Duties of Owners, Officers, Directors, Managers and Key Personnel

(1) (Identify your firm's management personnel who control your firm in the following areas (Attach separate sheets as needed).

A= Always F=Frequently	S= Seldom N= Never	Majority Owner (51% or more)				Minority Owner (49% or less)			
		Name: _____	Title: _____	Percent Owned: _____		Name: _____	Title: _____	Percent Owned: _____	
Sets policy for company direction/ scope of operations		A	F	S	N	A	F	S	N
Bidding and Estimating		A	F	S	N	A	F	S	N
Major purchasing decisions		A	F	S	N	A	F	S	N
Marketing and Sales		A	F	S	N	A	F	S	N
Supervises field operations		A	F	S	N	A	F	S	N
Attend bid opening and lettings		A	F	S	N	A	F	S	N

Perform office management (billing, accounts receivable/payable, etc.)	A	F	S	N	A	F	S	N
Hires and fires management staff	A	F	S	N	A	F	S	N
Hire and fire field staff or crew	A	F	S	N	A	F	S	N
Designates profits spending or investment	A	F	S	N	A	F	S	N
Obligates business by contract credit	A	F	S	N	A	F	S	N
Purchase equipment	A	F	S	N	A	F	S	N
Signs business checks	A	F	S	N	A	F	S	N

C. Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for the firm. (Attach separate sheets as needed)

A= Always F= Frequently	S= Seldom N= Never	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/Key Personnel			
		Name: _____	Title: _____	Percent Owned: _____		Name: _____	Title: _____	Percent Owned: _____	
Sets policy for company direction/ scope of operations	A	F	S	N	A	F	S	N	
Bidding and Estimating	A	F	S	N	A	F	S	N	
Major purchasing decisions	A	F	S	N	A	F	S	N	
Marketing and Sales	A	F	S	N	A	F	S	N	
Supervises field operations	A	F	S	N	A	F	S	N	
Attend bid opening and lettings	A	F	S	N	A	F	S	N	
Perform office management (billing, accounts receivable/payable, etc.)	A	F	S	N	A	F	S	N	
Hires and fires management staff	A	F	S	N	A	F	S	N	
Hire and fire field staff or crew	A	F	S	N	A	F	S	N	
Designates profits spending or investment	A	F	S	N	A	F	S	N	
Obligates business by contract credit	A	F	S	N	A	F	S	N	
Purchase equipment	A	F	S	N	A	F	S	N	
Signs business checks	A	F	S	N	A	F	S	N	

Do any of the persons listed in B1 or B2 perform a management or supervisory function for any other business? If yes, identify the person, the business and their title/function: _____

Do any of the persons listed above own or work for any other firm(s) that has/have a relationship with this firm? (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? If yes, describe the nature of the business relationship: _____

D. Inventory: Indicate your firm's inventory in the following categories (Please attach additional sheets if needed):

1. Equipment and Vehicles

Make and Model	Current Value	Owned or Leased by firm or owner?	Used as collateral?	Where is item stored?
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

2. Office Space

Street Address	Owned or leased by firm or owner?	Current Value of Property or Lease

3. Storage Space (Provide signed lease agreements for the properties listed)

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease

E. Does your firm rely on any other firm for management functions or employee payroll? ___ Yes ___ No

F. Financial Information (Provide bank authorization and signature cards)

Name of bank: _____ City and State: _____

The following individuals are able to sign checks on this account: _____

Name of bank: _____ City and State: _____

The following individuals are able to sign checks on this account: _____

Bonding Information: If you have bonding capacity, identify the firm's bonding aggregate and project limits:

Aggregate limit \$ _____ Project limit \$ _____

G. Identify all sources, amounts, and purposes of money loaned to your firm, including from financial institutions, identify whether you the owner and any other person or firm loaned money to the applicant DBE/SBE. Include the names of any persons or firms guaranteeing the loan, if other than the listed owner.

Name of Source	Address of Source	Name of Person Guaranteeing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

H. List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

I. 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
1.			
2.			
3.			

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

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

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

Name of Prime Contractor and Project Number	Location of Project	Type of Work Performed	Project State Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which economic disadvantage 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 THE 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.

I agree to provide written notice to the recipient agency of 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 that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract 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 certify that my personal net worth does not exceed \$1.32 million. I further certify that my firm meets the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26.

I declare, under penalty of perjury, that the information provided in this application and supporting documents relating to my economic disadvantaged status and me is true and correct.

Signature _____ Date _____

Notary Public _____

Commission Expires: _____