

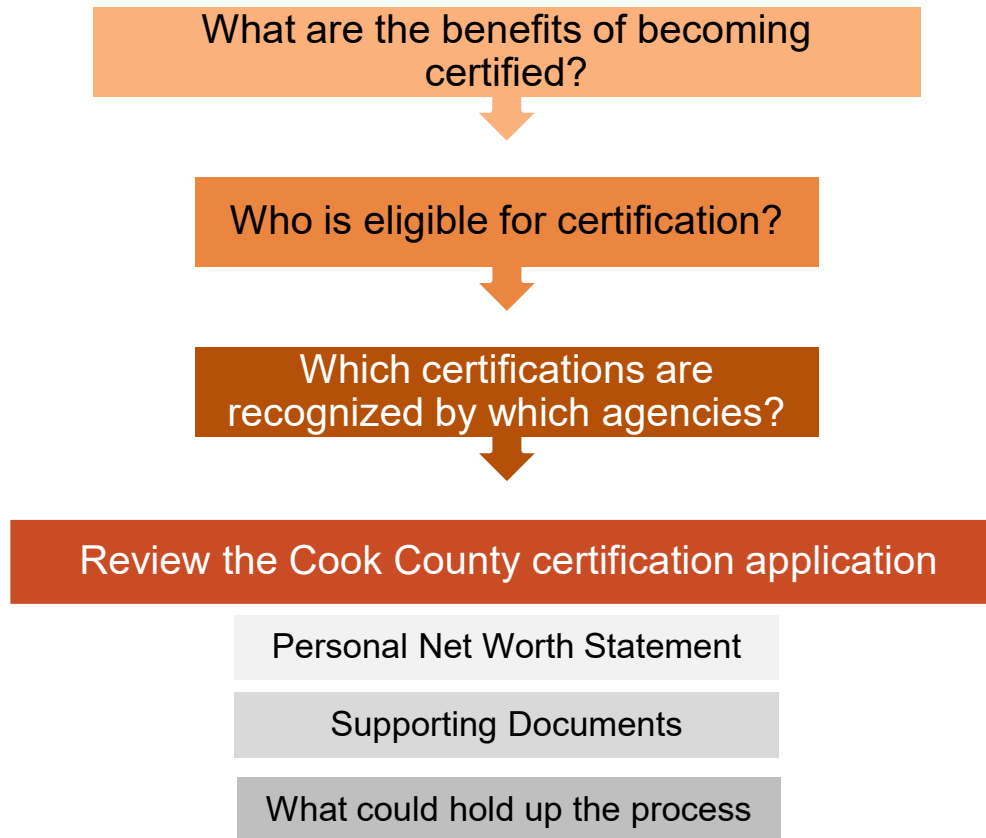
# Certification Workshop

Presented by:

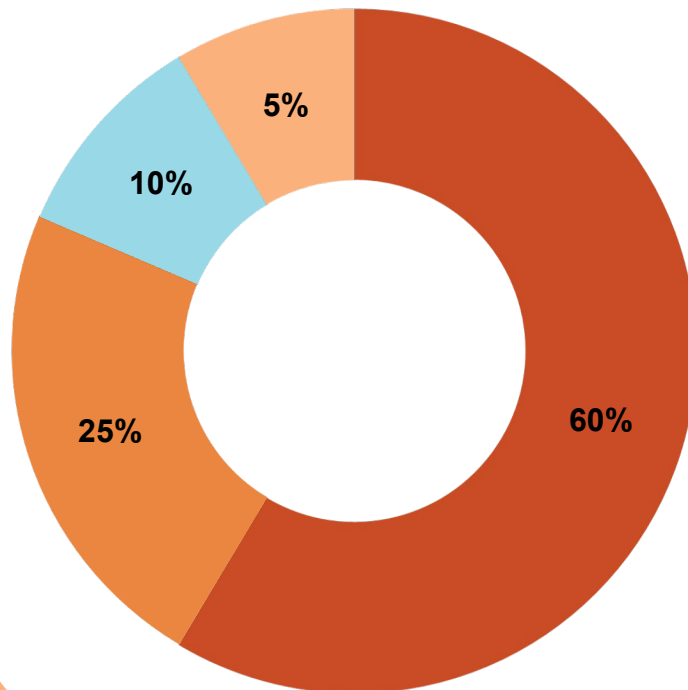


**CANDO CORPORATION**

# Workshop Topics



# Benefits of Certification



- Government procurement requires diversity inclusion
- Government agencies set aside contracts for small certified firms.
- Your firm shows up in the database of certified firms when GCs are searching.
- Marketing tool for upcoming public-sector projects.
  - Project 78<sup>th</sup> (\$7 billion)  
25% = \$2.1 billion / 20 yrs.
  - Lincoln Yards (\$5 billion)  
25% = 1.5 billion / 15 yrs.
  - CTA (Red/Purple) \$2.1 billion  
25% = \$525 million / 5 yrs.

# Types of Certifications

## Minority Business Enterprise (MBE)

- Business owned/operated by an ethnic minority individual
  - Black, Hispanic, Asian, Native American

## Women Business Enterprise (WBE)

- Business owned/operated by a female

## Disadvantaged Business Enterprise (DBE)

- Small business based on SBA size standards (race & gender neutral)

## Veteran Business Enterprise (VBE)

- Business owned/operated by a veteran

## Corporate Certifications (WNBEC / CMBDC)

- Business owned/operated by a women or minority (does not have size standard for business or personal net worth cap for owners)

# Eligibility

Business must be a for-profit entity; owners are U.S. citizens and must be **51%** owned by socially and economically disadvantaged individual.

## Socially and Economically disadvantaged

- Socially pertains to ethnicity/ gender demographics: Black, Hispanic, Asian, Native American, Female.
- Economically the owner's personal network has been less than \$1.3 million over 3 years.

## Firm meets SBA size standards

- DBE certification regulations state the firm cannot exceed \$23.98 million in annual gross receipts to be eligible.

# Certifications recognized by the following agencies

---

**Federal Government DBE Certification**      Transportation agencies – Tollway, IDOT, CTA, METRA, PACE

---

**State of Illinois CMS BEP Certification**      Tollway, State Universities, State contracts

---

**City of Chicago MBE/WBE certifications**      CHA, CPS, PBC Airport Contracts

---

**Cook County M/WBE certifications**      Cook County Land Bank, Forest Preserves, Cook Co. Hospital, **City of Chicago**

# Reciprocity

(What does it mean?)

## CMS – BEP expedited process

- Submit current M/W/D/VBE certification letter
- Submit current tax return
- Submit current business licenses

## City of Chicago / Cook County (M/WBE)

- Submit current tax returns
- Submit current business license / letter of good standing
- **Annual** “no-change” affidavit is required

# REVIEW M/WBE Certification Application

Download DBE application at:  
[www.transportation.gov](http://www.transportation.gov)

M/WBE certification application

- Certification Information
- General Information (Business Profile)
- Majority Owner Information
- Control

Personal Net Worth  
Statement

- $\text{Assets} - \text{Liabilities} = \text{Personal Net Worth}$



# M/WBE Application

OFFICE USE ONLY	
Intake Date:	_____
Date Assigned:	_____
Assigned To:	_____

RETURN TO:  
Cook County Office of Contract Compliance  
118 North Clark - Rm #1020  
Chicago, IL 60602  
312-603-5502  
Fees: \$250.00 Schedule A  
Veterans: FREE

## SCHEDULE A

### CERTIFICATION DECLARATION AFFIDAVIT FOR

MINORITY BUSINESS ENTERPRISE (MBE) WOMAN BUSINESS ENTERPRISE (WBE)  
VETERAN BUSINESS ENTERPRISE/SERVICE- DISABLED VETERAN BUSINESS ENTERPRISE (VBE)

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

Project Name: \_\_\_\_\_

Contract No./Job Order No.: \_\_\_\_\_

**NOTE: Answer all questions. If any question does not pertain to your firm, indicate N/A (not applicable)**

\_\_\_\_\_

Authorized Name of Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address of Principal Office \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Instructions: Please fill out the form completely. Attach additional sheets if necessary. The extensive information required is necessary to determine the applicant's eligibility as a small business at least 51% owned by women, minorities or veteran (African American or Black, Hispanic American, Native American, Asian-Pacific American) and whose management and daily operations are controlled by such individuals. Failure to respond truthfully to any question in this form, or failure to cooperate fully with further inquiry after application has been submitted can result in denial of eligibility. Please submit the required documents in Checklist order (See page 11).

Website: [www.cookcountyil.gov/contractcompliance](http://www.cookcountyil.gov/contractcompliance)

## SCHEDULE A

1. Check the status firm is applying for:

- Minority Business Enterprise  
 Women Business Enterprise  
 Veteran / Service-Disabled Veteran Business Enterprise

FEIN/SS# \_\_\_\_\_

2. Gender:

- Male  
 Female

Race/Ethnicity:

- African-American or Black  
 Hispanic American  
 Asian-Pacific American  
 Native American  
 Caucasian

Type of Firm:

- Corporation  
 Sole Proprietorship  
 Partnership  
 Limited Liability Company, (LLC)  
 Other \_\_\_\_\_

A. Principal business activities of your firm: \_\_\_\_\_

B. Year business was established? \_\_\_\_\_ How many years under 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 address 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 verbal.

Owner	Check If Owned	Rental Amount	Check If Written Agreement	Describe Verbal Agreement
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

5. Do you currently have all necessary State and/or City business licenses authorizing the firm to legally conduct business in Illinois?  Yes  No If yes, please submit copies of all licenses or pending applications.

# M/WBE Application

## SCHEDULE A

6. Current Licenses: List the firm's Local, City and State active business license(s) and registrations (e.g., contractor, architect or engineer's registration) as required by law. (Attach additional sheets as necessary.)

Name of Qualifying Individual	License Name	Expiration Date	License Number

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

8. Identify all local unions with which you have agreements:

9. Has any principal, officer, owner or any other persons having decision making authority for the Applicant firm, been debarred from doing business with any governmental entity within the last five years?

Yes  No

If Yes, please explain


10. Did the firm previously exist under another name?  Yes  No  
 If yes, complete the following and identify by name all management personnel (owners, directors, officers) associated with the former firm.

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

11. Indicate if this firm or other firms having any of the same officers, owners, directors or management personnel previously received certification. Indicate the name of the certifying agency and date of such certification.

Name of Firm	Certifying Agency	Date of Last Certification

## SCHEDULE A

12. Indicate if this firm or other firms having any of the same officers, owners, directors or management personnel previously been denied certification. Indicate the name of the agency and date of such denial.

Name of Firm	Denial Agency	Date of Denial

13. Ownership of Firm: Identify all partners, proprietors, members and stockholders by name, gender, race/ethnic group, and percentage of ownership.

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 OWNERS IN THE ABOVE SPACE

\* NOTE: Only check one – Either US Citizen or Legal Permanent Resident. Cannot be both.

14. If the firm is a corporation, complete the following.

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

Number of Shares	Class

B. Is any holder of stock in the corporation 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

# M/WBE Application

## SCHEDULE A

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

Title	Name	Gender	Race/Ethnic Group	% of Time Devoted to Business
Chairman				
President				
Vice President				
Secretary				
Treasurer				
Owner/Member/Partner				
Director/Manager				
Director/Manager				
Director/Manager				

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

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

## SCHEDULE A

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

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

Name	Relationship

16. Does the firm's business maintain inventory?  Yes  No  
If yes, list a description and dollar value of the inventory.

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

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

Equipment Owned	Serial Number	Quantity

A. List equipment leased, rented, or borrowed by the firm and list the name of lessor/owner.

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

# M/WBE Application

## SCHEDULE A

B. List the money, equipment, or real estate that each of the owners provided for start up contribution. Please refer to checklist on page 11.

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

18. 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 indicated below.

Decisions	Name	Race/Ethnic Group	Gender	Length of Time
<b>A. Financing Decisions:</b>				
1. Check Signing (Provide a copy of Corporate Resolution or Bank Signature Card (s) for each account)				
2. Signing and co-signing for loans				
3. Acquisition of lines of credit				
4. Surety bonding				
5. Major purchases or acquisitions				
6. Signing contracts				
<b>B. Management Decisions:</b>				
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				

## SCHEDULE A

C. If any person listed above is not an employee, owner, officer or director of this firm, please identify the person's current affiliation with any other firm. (Please refer to question number 18)

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

19. Indicate personnel or firms who providing the following services to Applicant firm:

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

Name	Address	Contact Person and Telephone No.

B. Financial Institutions

Name	Address	Contact Person and Telephone No.

C. Material Suppliers

Name	Address	Contact Person and Telephone No.

20. Identify money loaned to the firm, indicating the loan source, date, and amount, include letters of credit.

Loan Source	Address	Date of Loan	Loan Amount/Line of Credit

# M/WBE Application

## SCHEDULE A

21. What were the gross receipts of the firm, including all affiliates, for each of the last (5) five fiscal years? Indicate the number of employees for those years.

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

22. List (3) three current service/supply contracts and/or customer invoices completed or provided by the firm. For new businesses, list proposals to do business in the area of specialty requested.

Work Performed, Materials Supplied, or Services Provided by the Firm	Company Name	Telephone No. and Contact Person	Contract Amount/Date of Award

# M/WBE Application

## SCHEDULE A

COUNTY OF COOK  
OFFICE OF CONTRACT COMPLIANCE  
CERTIFICATION APPLICATION  
AFFIDAVIT OF MINORITY AND/OR WOMEN BUSINESS ENTERPRISE (MBE/WBE)  
VETERAN BUSINESS ENTERPRISE/SERVICE-DISABLED BUSINESS ENTERPRISE (VBE)

This page must be signed by the qualifying owner/officer of the applicant firm and notarized in order for the certification application to be considered. Any changes in ownership and/or control should be reported to the Office of Contract Compliance along with relevant documentation within 10 days of such change. The firm must further provide, upon request, information of any work performed on any specified contract regarding the 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 AFFIDAVIT MAY RESULT IN: 1) DENIAL OF CERTIFICATION; 2) DECERTIFICATION; 3) TERMINATION OF ANY CONTRACT AWARDED; 4) DENIAL OF MBE/WBE/VBE PARTICIPATION CREDIT; and/or 5) INITIATING ACTION UNDER FEDERAL, STATE OR LOCAL LAW.

It shall be the duty of all Cook County employees, officials, agents, contractors, sub-contractors, licensees, grantees or persons or businesses seeking County contracts, grants, licenses, or certification of eligibility for County contracts to cooperate with the Office of the Independent Inspector General (OIIG) in the conduct of investigations undertaken pursuant to Cook County, Ill., Ordinances 07-0-52 (2007)(OIIG Ordinance). It shall be unlawful for any person subject to the OIIG Ordinance to refuse to cooperate with the (OIIG). The penalty for such violation shall be governed by Section 2-291 of the OIIG Ordinance.

Upon penalty of perjury, I \_\_\_\_\_ (Print Name) affirm that I am

the \_\_\_\_\_ (Position or Title) of \_\_\_\_\_ (Firm Name)

and that all of the foregoing information on this form is true and correct. I further affirm that

the \_\_\_\_\_ (Minority, Woman or Veteran) interests in this firm constitute majority ownership and control.

DATE \_\_\_\_\_ / \_\_\_\_\_ (Signature of Affiant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_ (Month) (Year)

\_\_\_\_\_  
(Notary's Signature) Notary's Seal

My Commission Expires \_\_\_\_\_

This page is to be submitted as original

## SCHEDULE A CHECKLIST

## PLEASE SUBMIT DOCUMENTS IN CHECKLIST ORDER

- I. You must attach the following documents:
- o Affidavit of Minority and/or Women Business Enterprise (MBE/WBE) Veteran Business Enterprise/Service-Disabled Business Enterprise (VBE). Application Must Be Signed By An Authorized Officer of The Firm and Be Notarized.
  - o Bank resolution(s) and/or Bank Signature Card(s)
  - o Copies of contracts, purchase orders, or invoices (3 contracts for New applicants / 1 for continuing eligibility)
  - o Copies of W-2 and/or 1099 Forms (previous three (3) years) for all Owners, Directors, Officers, Managers and Check Signers
  - o Current License(s), Professional, Local, City and State or Statement regarding License requirements
  - o Current Payroll Register or statement regarding current payroll (four (4) weeks)
  - o Evidence of citizenship or legal permanent residency, ethnicity, and gender (Birth Certificate or Passport) for all Owners, Directors, Officers and Check Signers
  - o Most recent signed U.S. Federal Corporate Tax Return plus previous four (4) years including all Schedules, Statements and Attachments
  - o Most recent signed U.S. Federal Corporate Tax Returns for each Affiliate Company, plus previous four (4) years including all Schedules, Statements and Attachments
  - o Most recent signed U.S. Federal Individual Income Tax Return plus previous four (4) years including all Schedules, Statements and Attachments
  - o Current Personal Net Worth Statement for qualifying owner(s), which represents 51% ownership in firm
  - o Proof of contribution(s) by owners to acquire ownership in firm or start-up capital (i.e. cancelled checks, loan agreement, etc.)
  - o Resumes detailing work experience and education with corresponding states for all Owners, Directors, Officers and Check Signers
  - o Signed copy of all current Lease(s) and/or most recent tax bill or deed to property
  - o Year-End Balance Sheets and Income Statements for the past five (5) years (or life of firm, if less than five years)
  - o Agreement/letter from manufacturer stating that firm is an authorized distributor / supplier
  - o Contingent agreements affecting management, control or rights of any owner, if applicable
  - o Copies of all Signed Loan Agreements or Letters of Credit, if applicable
  - o Equipment lease agreement(s), if applicable
  - o Management service agreement(s), if applicable
  - o MBE/WBE or SBA 8a Certification(s) or Denial(s), if applicable
  - o Proof of Bonding Capacity and Insurance Certificate, if applicable
  - o Title(s) of automotive equipment, if applicable
- II. CORPORATIONS MUST ALSO INCLUDE THESE DOCUMENTS:
- o Articles of Incorporation
  - o By-Laws of Corporation
  - o Copies of all Stock Certificates issued (front and back)
  - o Stock Ledger
  - o Minutes of the First and two (2) most recent Stockholders' Meeting documenting the election of Directors
  - o Minutes of the First and two (2) most recent Board of Directors' Meeting documenting the election of Officers
  - o State of Illinois Letter of Good Standing
- III. PARTNERSHIPS MUST INCLUDE THESE DOCUMENTS:
- o Partnership Agreement
  - o Assumed Name Certificate or Certificate of Limited Partnership
- IV. LIMITED LIABILITY COMPANIES MUST ALSO INCLUDE:
- o Articles of Organization
  - o Operating Agreement
  - o State of Illinois Letter of Good Standing
- V. SOLE PROPRIETORSHIPS MUST ALSO INCLUDE:
- o Assumed Name Certificate
- VI. VETERAN BUSINESS ENTERPRISE/SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE
- o DD214 or Veteran's Disability (For Firms Seeking Veteran Status only)
- VII. START-UP BUSINESSES
- o Marketing Plan, Proposals

# Personal Net Worth

(Assets – Liabilities = PNW)

## Assets

- Cash
- Investment Accounts
- Personal Property (vehicles, household goods, jewelry)
- Real Estate

## Liabilities

- Loans
- Mortgages on Real Estate
- Credit Card debt
- Unpaid taxes

# Personal Net Worth



Cook County  
**Personal Net Worth Statement**  
 Revised 06/23/12

Cook County MBE/WBE Certification Program As of (Insert Date): \_\_\_\_\_

For applicants applying to the County of Cook Certification or Re-Certification as MBE, and/or WBE, the qualifying owner(s) of the Applicant firm must complete this form.

Business Name		Business Phone			
Owner Name		Residence Phone			
Residence Address		Email			
City, State, & Zip Code					
<b>ASSETS</b>		<b>LIABILITIES</b>			
Cash on hand and in Banks	\$	Accounts Payable	\$		
Savings Account	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$		
IRA or Other Retirement Account	\$	Installment Account (Auto)	\$		
Accounts and Notes Receivable	\$	Monthly Payments	\$		
Life Insurance - Cash Surrender Value (Describe in Section 8)	\$	Installment Account (Other)	\$		
Stock and Bonds (Describe in Section 3)	\$	Monthly Payments	\$		
Real Estate (Describe in Section 4)	\$	Loan on Life Insurance	\$		
Automobile - Present Value	\$	Mortgages on Real Estate	\$		
Other Personal Property (Describe in Section 5)	\$	Unpaid Taxes (Describe in Section 6)	\$		
Other Assets (Describe in Section 5)	\$	Other Liabilities (Describe in Section 7)	\$		
		<b>TOTAL LIABILITIES</b>	\$		
<b>TOTAL ASSETS</b>	\$	<b>NET WORTH (Assets - Liabilities = NET WORTH)</b>	\$		
<b>Section 1. Source of Income</b>		<b>Contingent Liabilities</b>			
Salary	\$	As Endorser of Co-Maker	\$		
Net Investment Income	\$	Legal Claims and Judgments	\$		
Real Estate Income	\$	Provisions for Federal Income Tax	\$		
Other Income (Describe below)	\$	Other Special Debt	\$		
Description of Other Income in Section 1:					
<small>Other or unfiled personal returns may not be placed in "Other Income" unless they relate to bona fide personal services rendered to the owner.</small>					
<b>Section 2. Notes Payable to Banks and Others</b> (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)					
Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

<b>Section 3. Stocks and Bonds</b> (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotations/Exchange	Date of Quotations/Exchange	Total Value
<b>Section 4. Real Estate Owned</b> (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)					
	Property A	Property B	Property C		
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
<b>Section 5. Other Personal Property and Other Assets</b> (Describe, and if any in pledges as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)					
<b>Section 6. Unpaid Taxes</b> (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
<b>Section 7. Other Liabilities</b> (Provide in detail)					
<b>Section 8. Life Insurance Held</b> (Give face amount and cash surrender value of policies - name of insurance company and beneficiary)					
I authorize the County of Cook to make inquiries as necessary to verify the accuracy of the statements made. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining certification as a Minority, Woman and/or Veteran Owned Business Enterprise. I UNDERSTAND ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT MAY RESULT IN: 1.) DENIAL OF CERTIFICATION; 2.) DE-CERTIFICATION; 3.) TERMINATION OF ANY CONTRACT AWARDED; 4.) DENIAL OF MBE/WBE/VE PARTICIPATION CREDIT; AND/OR INITIATION ACTION UNDER FEDERAL, STATE OR LOCAL LAW.					
Signature:		Date:		SSN:	
Signature:		Date:		SSN:	



# Supporting Document CHECK LIST

## Required documents for all applicants

- Resumes
- Personal Net Worth Statement
- Federal tax returns for 3 years
- Document of proof of contribution
- List of equipment
- Licenses permits
- Description of all real estate owned/leased by your firm
- Bank authorization / signature cards
- List of employees, job titles, salaries and dates of employment
- Articles of incorporation of if Corporation or LLC
- Minutes of board of directors' meetings
- Proof of citizenship

# Certification Application Submission Process

- ✓ DBE, VBE & CMS application fee / **Free**
- ✓ DBE (Universal application) IDOT, CTA, METRA, PACE, City
- ✓ M/WBE \$250.00 application fee / City of Chicago & Cook County
- ✓ Company should be in “good standing” with the State of Illinois
- ✓ All business licenses must be current
- ✓ Tax returns must be signed by business owner
- ✓ Recommend having a Technical Assistance consultant review for completeness before submission.
- ✓ **CAN DO (312) 488-9338 / Lhall@candocorp.net**
- ✓ **www.mwdbe-chicago.com**