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**HILLSBOROUGH COUNTY  
ECONOMIC DEVELOPMENT DEPARTMENT  
DM/DWBE CERTIFICATION PROCEDURES**

**An eligible DM/DWBE is a business which is organized to engage in commercial transactions, which is domiciled in Florida, and which is at least 51 percent owned by minority persons and women whose management and daily operations are controlled by such persons; which fulfills a commercially useful business function; and, which employs 50 or fewer permanent full-time employees averaged over a two year period; and that has a net worth of not more than \$1,000,000. As applied to sole proprietorships, the \$1,000,000 net worth requirement shall include both personal and business assets.**

**CONDITIONS OF APPLICATION**

**APPLICANT AGREES to permit Hillsborough County and its representatives access to, and inspection of, the applicant's places of business and business records.**

**APPLICANT AGREES to submit the Hillsborough County Vendor's Application with the submittal of this application.**

**SUBMISSION OF THIS APPLICATION INDICATES that applicant understands and accepts the conditions of participation in the County's DM/DWBE Certification Procedures.**

**HILLSBOROUGH COUNTY RESERVES THE RIGHT to require further information from the applicant prior to or during the certification process.**

**HILLSBOROUGH COUNTY RESERVES THE RIGHT to deny or revoke certification for cause.**

**IT IS THE RESPONSIBILITY OF THE APPLICANT to demonstrate that his/her business meets the criteria as set forth in Hillsborough County Resolution Number R06-264.**

**NOTE: The effective date of the application is the date when all required documentation has been submitted, not the date of submission of an incomplete packet. The packet will also be considered incomplete if the Vendor Application is not submitted.**

**Please complete all questions in full. Any questions not applicable to company should be marked "N/A". Applicants are to ensure that the Application is signed, notarized and includes all requested documents.**

**If it is impossible to submit any document listed, provide an explanation on a separate sheet as to why it cannot be submitted.**

**Applicants denied certification may request an administrative review of the determination. A request for administrative review must be in writing and mailed or delivered to the County within ten (10) days of notification of the decision.**

**Mail the completed Vendor's Application, DM/DWBE & SBE Application and all supporting documents to:**

**Hillsborough County Economic Development Department  
DM/DWBE & SBE Programs Section  
P.O. Box 1110  
Tampa, Florida 33601**

**The DM/DWBE Certification Procedures are governed by Resolution Number R06-264, Administrative Order 06-08 and Section 287.0943, Florida Statutes.**

**HILLSBOROUGH COUNTY ECONOMIC DEVELOPMENT DEPARTMENT  
DISADVANTAGED MINORITY/DISADVANTAGED WOMEN  
BUSINESS ENTERPRISE PROGRAM  
APPLICATION FOR CERTIFICATION**

DATE: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State & Zip Code)

MAILING ADDRESS: \_\_\_\_\_  
(if different)

BUSINESS NUMBER(S) \_\_\_\_\_ FAX NUMBER(S): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
(Name) (Bus/Phone) (Home/Phone)

BUSINESS FEDERAL ID NUMBER or OWNER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

DO YOU ACCEPT CREDIT CARDS: YES \_\_\_\_\_ NO \_\_\_\_\_ TYPE: \_\_\_\_\_

MINORITY OR WOMAN APPLICANT: \_\_\_\_\_

1. DATE FIRM WAS ESTABLISHED: \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

2. NATURE OF BUSINESS: Specify major services/products, (example: fencing, roofing, consultants).

a. \_\_\_\_\_

b. \_\_\_\_\_

COMMODITY CODE: (See Vendor Application) \_\_\_\_\_

3. CURRENT NUMBER OF EMPLOYEES ON PAYROLL:

Full-time, Permanent \_\_\_\_\_ Part-time \_\_\_\_\_

4. IDENTIFICATION OF ALL OWNERSHIP IN TERMS OF NAME(S) OF INDIVIDUALS OR CORPORATIONS AND THEIR PERCENT OF OWNERSHIP:

Owners	Race & Sex	Date of Ownership	Ownership %	Voting %
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5. IF OWNER (S) OF THE APPLICANT FIRM ALSO HAS OWNERSHIP INTEREST IN ANOTHER FIRM, PLEASE INDICATE:

Name of Owner(s)	Ownership Interest Firm Name	Relationship to Applicant Firm
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6. ARE ALL THE MINORITY OWNERS OF THE BUSINESS LAWFUL, PERMANENT RESIDENTS OF FLORIDA? YES \_\_\_\_\_ NO \_\_\_\_\_

Is any minority or female owner not a citizen of the United States: If yes, provide name(s), or owner(s). If none, state.

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MINORITY GROUP STATUS:

"Minority" means a lawful, permanent resident of the State of Florida who is a:

Black American, a person having origins in any of the black racial groups of Africa;

Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean Islands, regardless of race;

Asian American, a person having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands including the Hawaiian Islands prior to 1778;

Native American, a person who has origins in any of the Indian Tribes of North America prior to 1835; or Women.

7. PROVIDE THE NAME OF ALL OFFICERS OF THE FIRM, THE DATE ELECTED AND STATE HIS/HER CURRENT EMPLOYMENT IF WITH ANOTHER EMPLOYER.

President: \_\_\_\_\_ Elected: \_\_\_\_\_ Employed by \_\_\_\_\_

Vice Pres: \_\_\_\_\_ Elected: \_\_\_\_\_ Employed \_\_\_\_\_

by \_\_\_\_\_

Secretary: \_\_\_\_\_ Elected: \_\_\_\_\_ Employed \_\_\_\_\_

by \_\_\_\_\_

Treasurer: \_\_\_\_\_ Elected: \_\_\_\_\_ Employed \_\_\_\_\_

by \_\_\_\_\_

(Attach additional sheets if necessary.)

8. PROVIDE THE NAMES OF THE CURRENT BOARD OF DIRECTORS. (If firm is a corporation.)

Name	Ethnic Status	Sex	Date Elected
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. TYPE OF OWNERSHIP

Sole Proprietorship

Partnership

Corporation

Number of Shares issued and outstanding: Preferred \_\_\_\_\_ Common \_\_\_\_\_

10. If your firm is owned in full or in part by a company listed in item 5, list on a separate sheet that company's shareholders to include percentage of ownership interest and the name and address of directors and officers.

11. LIST ALL SOURCES AND AMOUNTS OF MONEY LOANED TO THE FIRM.

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____

12. SPECIFY THE FIRM'S NET WORTH FOR THE PAST TWO YEARS.

a. Year Ending \_\_\_\_\_ Net Worth \_\_\_\_\_

b. Year Ending \_\_\_\_\_ Net Worth \_\_\_\_\_

13. WHO DIRECTS THE FOLLOWING MANAGEMENT DECISIONS ON A DAY TO DAY BASIS?  
(Identify individual(s) by race and sex)

Policy Making \_\_\_\_\_  
(Name and Title)

Financial Decisions \_\_\_\_\_  
(Name and Title)

Personnel Decisions \_\_\_\_\_  
(Name and Title)

Signs Payroll \_\_\_\_\_  
(Name and Title)

Sign for Surety Bonds  
and Insurance \_\_\_\_\_  
(Name and Title)

14. WHO PROVIDES SUPERVISION AND OPERATIONAL DECISIONS ON A DAY TO DAY BASIS?  
(Identify individual(s) by race and sex)

Decide which jobs to bid \_\_\_\_\_  
(Name and Title)

Estimating \_\_\_\_\_  
(Name and Title)

Field Supervision \_\_\_\_\_  
(Name and Title)

**\*\* NOTE: PROVIDE A BRIEF RESUME' OF QUALIFICATIONS AND EXPERIENCE IN RELATIONSHIP TO RESPONSIBILITIES WITH THE NUMBER OF YEARS WITH FIRM ON THE INDIVIDUALS IDENTIFIED IN QUESTION #16.**

15. DETAIL ANY LIMITATIONS ON AUTHORITY OF ANY OFFICIAL (minority or non-minority) TO SIGN CHECKS, INCLUDING AMOUNT OF CHECK AND MULTIPLE SIGNATURE REQUIREMENTS.

\_\_\_\_\_  
\_\_\_\_\_

16. LIST THE THREE HIGHEST PAID INDIVIDUALS (BY RACE & SEX) SALARY AMOUNT FOR THE LAST TWO YEARS: (INCLUDE OWNERS, EMPLOYEES, CONSULTANTS, INDEPENDENT CONTRACTORS, ETC.)

Name	Amount Paid Current Year	Amount Paid Prior Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE: SUBMIT W-2's OR 1099's AS APPLICABLE.**

17. IDENTIFY YOUR CURRENT BONDING COMPANY AND BANK. NAME SOURCE OF LINE OF CREDIT IF APPLICABLE.

a. Bonding Company\_\_\_\_\_

b. Bank(s)\_\_\_\_\_

c. Line of Credit\_\_\_\_\_

18. WHAT IS YOUR BONDING LIMITS?\_\_\_\_\_

19. WHO NEGOTIATES SURETY BONDS, INSURANCE AND CONTRACT MATTERS?  
\_\_\_\_\_  
\_\_\_\_\_

20. INDICATE WHETHER THE FIRM IS LICENSED TO DO BUSINESS IN THE STATE OF FLORIDA AND ELSEWHERE.

Type of License	License Number	Name In Which License was Obtained/Issued
_____	_____	_____
_____	_____	_____

21. PRIOR AND CURRENT COMPANY CLIENTS. (Company name, street address, City, State, Zip Code; attach list if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

22. IDENTIFICATION OF ANY OWNER OR MANAGEMENT OFFICIAL OF THE BUSINESS ENTITY WHO IS OR HAS BEEN AN EMPLOYEE OF ANOTHER FIRM THAT HAS AN OWNERSHIP INTEREST IN OR A PRESENT BUSINESS RELATIONSHIP WITH THE BUSINESS ENTITY. PRESENT BUSINESS RELATIONSHIP INCLUDES SHARED SPACE, EQUIPMENT, FINANCING, OR EMPLOYEES AS WELL AS BOTH FIRMS HAVING SOME OF THE SAME OWNERS.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. IDENTIFY ANY STOCK OPTIONS OR OTHER OWNERSHIP OPTIONS THAT ARE OUTSTANDING AND ANY LOANS BETWEEN OWNERS OR BETWEEN OWNER AND THIRD PARTIES RELEVANT TO THE BUSINESS ENTITY. DESCRIBE BELOW OR ENCLOSE STATEMENT. IF NONE, PLEASE AFFIRM THE FOLLOWING STATEMENT BY HANDWRITING IT: "There are no stock options or other ownership options currently outstanding, nor any loans between owners or between owners and third parties relevant to the firm which I represent and for which I make this DMBE/DWBE Application."

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24. ALL ORAL AND TACIT AGREEMENTS SHALL BE REDUCED TO WRITING AND SUBMITTED WITH THIS AFFIDAVIT. SUCH AGREEMENTS MAY INCLUDE, BUT NOT BE LIMITED TO THE OWNERSHIP OF VOTING SECURITIES. BUY-OUT RIGHTS AGREEMENTS AFFECTING VOTING RIGHTS OF SHAREHOLDERS, LOAN AGREEMENTS, EQUIPMENT RENTAL, MANAGEMENT SERVICES AGREEMENTS, ETC. IF THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY BETWEEN ANY PERSON ASSOCIATED WITH THE COMPANY, PLEASE AFFIRM THE FOLLOWING STATEMENT BY HANDWRITING IT: "There are no written, oral or tacit agreements concerning the operation of the company between any person associated with the company."

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**Minority Applicant Signature**  
**I Have Proofread My Answers On This Application**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing Affidavit was acknowledged before me this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_  
as identification and who did/did not take an oath.

In witness thereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC (Signature)

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC (printed name)

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

**PLEASE NOTE: THERE IS A 60-DAY APPLICATION REVIEW PROCESS. YOU WILL BE CONTACTED BY MAIL WITHIN THE ALOTTED TIME AS TO THE STATUS OF YOUR APPLICATION.**

**RETURN TO:**

Hillsborough County Economic Development Department  
DM/DWBE & SBE Programs Section  
P.O. Box 1110  
Tampa, Florida 33601  
Attn: Sheila Hudson  
Phone: (813) 276-2745

## ATTACHMENT "A"

Submit the following documents (and Amendments thereto) with this application. For new businesses, also submit information listed under that item.

### I. FOR A CORPORATION

- a. Current financial statement including balance sheet and income statement prepared by an independent CPA or accountant.
- b. Copies of Federal Tax Returns, including all schedules, for the two previous years.
- c. Quarterly Employer Tax Reports for the previous eight quarters.
- d. Complete current resumes of all persons listed in # 5 and 7 showing education, training and employment experience with dates.
- e. Copies of office space and equipment lease agreements.
- f. Corporate Charter, Articles of Incorporation and amendments, including date approved by State.
- g. Minutes of the corporations' organizational meeting affecting ownership, management, and control.
- h. Corporation by-laws.
- i. Copy of stock certificates issued (not specimen copy; both sides)
- j. Stock transfer ledger.
- k. All licenses to do business (occupational, specialty, DPR etc.).
- l. Proof of Ethnic Status

### II. FOR A PARTNERSHIP Limited/General

- a. Current financial statement including balance sheet and income statement prepared by an independent CPA or accountant.
- b. Copies of Federal Tax Returns, including all schedules for the two previous years.
- c. Complete current resumes of all persons listed in # 5 and 7 showing education, training and employment experience with dates.
- d. Copies of office space and equipment lease agreements.
- e. Partnership agreement including buy-out-rights and profit sharing agreement.
- f. Quarterly Employer Tax Reports for previous eight quarters.
- g. All licenses to do business (occupational, specialty, DPR etc.).
- h. Proof of Ethnic status.

### III. FOR A SOLE PROPRIETORSHIP

- a. Firm's Assumed Name Certificate
- b. Copies of Federal Tax Returns, including all schedules, for the two previous years.
- c. Complete current resume showing education, training and employment experience with dates.
- d. Copies of office space and equipment lease agreements (if applicable).
- e. All licenses to do business (occupational, specialty, DPR, etc.).
- f. Proof of Ethnic Status

- IV. NEW BUSINESSES (In addition to the above)
- a. Documents supporting legal structure of the business and if a Corporation or Partnership, current financial statement including balance sheet and income statement prepared by an independent CPA or accountant.
  - b. Complete current resumes of all persons listed in # 5 and 7 showing education, training and employment experience with dates.
  - c. An invoice with paid receipt or related cancelled checks relating to the business.
  - d. One reference for whom work has been performed or to whom goods and materials have been sold during the prior year.
  - e. One reference from whom goods or materials have been purchased for the business or from whom major equipment has been purchased or leased.
  - f. Copies of office space and equipment lease agreements.
- V. FOR A FRANCHISE
- a. Franchise agreement
  - b. Current financial statement including balance sheet and income statement prepared by an independent CPA or accountant.
  - c. Copies of Federal Tax Returns including all schedules, for the past two years.
  - d. Complete current resumes of all persons listed in # 5 and 7 showing education, training and employment experience with dates.
  - e. Copies of office space and equipment lease agreements.
  - f. Corporate Charter, Articles of Incorporation and amendments, including date approved by State.
  - g. Minutes of the most recent corporate organizational meetings affecting ownership, management, and control.
  - h. Corporation by-laws.
  - i. Copy of stock certificates issued (not specimen copy, both sides)
  - j. Stock transfer ledger.
  - k. All licenses to do business.
  - l. Proof of Ethnic status.
- VI. JOINT VENTURE (DM/DWBE participant must be certified independently)
- a. Current financial statement including balance sheet and income statement.
  - b. Copies of Federal Tax Returns, including all schedules for the past two years.
  - c. Complete current resumes of all persons involved with the Joint Venture showing education, training and employment experience with dates.
  - d. Joint Venture agreement describing ownership, management and control. DM/DWBE members of the Joint Venture must have at least 51% of the financial, managerial and technical skills in the work to be performed by the Joint Venture.
  - e. Copies of office space and equipment lease agreements.
  - f. All license to do business.
  - g. Proof of Ethnic status.
  - h. Documentation of compliance with the State of Florida requirements for joint ventures as stipulated in Chapter 489 of the Florida Statutes.