

**COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE**

BETTY HANCOCK PERRY
CONTRACT COMPLIANCE
ADMINISTRATOR



County Building
118 North Clark Street – Suite 1020
Chicago, IL 60602
TEL (312) 603-5502
FAX (312) 603-4547

Dear Applicant:

On behalf of President Todd H. Stroger and the Cook County Board of Commissioners, we welcome your request for an Application for Certification. The enclosed Application must be completed in its entirety for your business to be considered for Certification with Cook County as a Minority and/or Women Owned Business Enterprise (MBE/WBE).

Work performed by any firm denied certification by Cook County's Office of Contract Compliance will not be applied to the attainment of any MBE/WBE goals, regardless of any other Certification granted.

Included in this package are the following:

1. Certification Declaration Affidavit (Schedule A) as revised January 26, 2006
2. A listing of Assist Agencies
3. Regulations Governing Certification of Minority and Women Owned Businesses

Monthly workshops are available for potential MBE/WBE vendors through the Office of Contract Compliance. The workshops provide assistance to vendors in the preparation of documents required for Certification with Cook County, in addition to providing useful information regarding the County's Bidding process.

Those interested should contact Contract Compliance at 312/603-5502 to register for the next workshop. For a listing of specific dates and times, please refer to our website www.cookcountygov.com.

Return your completed and notarized Schedule A Application and all supporting documents to:

County of Cook
Office of Contract Compliance
118 North Clark Street – Room 1020
Chicago, IL 60602

Thank you for your interest in Cook County Government's MBE/WBE Program. If you have any questions regarding the Certification process, please contact our office at 312/603-5502.

Sincerely,

Betty Hancock Perry
Contract Compliance Administrator

OFFICE USE ONLY

Intake Date: _____

Date Assigned: _____

Assigned To: _____

SCHEDULE A

**CERTIFICATION DECLARATION AFFIDAVIT
FOR
MINORITY BUSINESS ENTERPRISE (MBE) WOMAN BUSINESS ENTERPRISE (WBE)**

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

Project Name: _____

Specification No. / Job Order No.: _____

Project No. / Requisition No.: _____

Contract Administrator / Buyer:

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 or minorities (Black/African Americans [B], Hispanic Americans [H], Native Americans [N], Asian Americans [A]) including females regardless of ethnicity 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 will result in denial of eligibility. Incomplete forms will be returned. **Please submit the required documents in Checklist order (See page 12)**

SCHEDULE A

1. Check the status firm is applying for:

- Minority Business Enterprise
- Women's Business Enterprise

2. Gender: Race/Ethnicity: Type of Firm: Standard Industrial Code (SIC)

- | | | | |
|---------------------------------|---|--|-------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Partnership | _____ |
| <input type="checkbox"/> Female | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Sole Proprietorship | _____ |
| | <input type="checkbox"/> Asian American | <input type="checkbox"/> Corporation | |
| | <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Limited Liability Co. (LLC) | |
| | <input type="checkbox"/> White American | <input type="checkbox"/> Other_____ | |

NOTE: firms not aware of their (SIC) code go to www.sba.gov or call: 312-353-4506

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 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 oral.

Owner	Check If Owned	Rental Amount	Check If Written Agreement	Describe Verbal Agreement

- Submit copies of all leases.
- If owned, provide proof of ownership.

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

SCHEDULE A

6. Current Licenses: List the firm's local, county and state active business license(s) and permit(s), (e.g., contractor, architect or engineer's registration) as required by law.

Name of Qualifying Individual	License Name	Expiration Date	License Number	Any Limitations

- **Submit copies of registration, licenses or certificates**

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

8. Identify all union locals 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 and identify who are also members of the current firm.

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

11. Indicate if this firm or other firms with any of the same officers, owners, directors or management personnel have previously received certification as a DBE/MBE/WBE or SBA 8a Certified Contractor. Indicate the name of the Certifying authority and date of such certification.

Name of Firm	Certifying Agency	Date of Last Certification

SCHEDULE A

12. Indicate if this firm or other firms with any of the same officers, owners, directors or management personnel have previously been denied certification or participation as a DBE/MBE/WBE or SBA 8a Certified Contractor. 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. For ethnic group use codes: (B) Black/African Americans, (H) Hispanic Americans, (NA) Native Americans, (AP) Asian-Pacific Americans, (AI) Asian-Indian Americans, (W) White Americans.

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 OWNERSHIP OF HOLDING FIRM IN THE ABOVE SPACE.
- SUBMIT DETAILED RESUMES OF OWNERS, DIRECTORS AND OFFICERS, PARTNERS AND PROPRIETORS.
- SUBMIT PROOF OF CITIZENSHIP and/or LEGAL PERMANENT RESIDENT STATUS IF BORN OUTSIDE U.S.A. (Alien registration number or Green Card.) U.S. Citizens should submit a Birth Certificate, Voter's Registration card or Armed Services Discharge papers (DD214).
- SUBMIT PROOF OF RACE/ETHNIC GROUP/GENDER i.e. Birth Certificate, U.S. Passport, Tribal Certificate, Bureau of Indian Affairs card, Armed Services Discharge papers (DD214), Baptismal Certificate or any document providing evidence of ethnicity.
- Partnerships must submit ANY and ALL Partnership Agreements and/or Assumed Name Certificate.
- SOLE PROPRIETORS MUST SUBMIT COPY of ASSUMED NAME CERTIFICATE issued by County Clerk (business name other than your own name).

SCHEDULE A

14. If the firm is a corporation, complete in full, and submit attachments as requested.

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

- Number of Shares Class

- **SUBMIT COPIES OF ALL ISSUED AND CANCELLED STOCK CERTIFICATES (Both sides)**

B. Is any stock of the corporation pledged, subject to any lien agreement, or beneficially owned by anyone other than the person whose name it bears? [] Yes [] No

- **If yes, submit ALL such ownership documentation limiting ownership.**

C. Is any holder of stock in the corporation a 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

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

Title	Name	Check if Director	Gender	Race/Ethnic Group	% of Time Devoted to Business	Home Address
Chairman						
President						
Vice President						
Secretary						
Treasurer						
Owner						
Director						
Director						
Director						

- **SUBMIT A COPY OF: Articles of Incorporation, Articles of Organization, By-Laws, Minutes of the FIRST Corporate Organizational Meeting, and Minutes of MOST RECENT Annual Shareholders and Board of Directors Meetings at which the current board and officers were elected or appointed.**

SCHEDULE A

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's 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 or agency. Describe the duties of that owner/official in the other firm, giving name and address of firm, also providing 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

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

E. Identify any current business relationships with any firm identified in 14A, 14B or 14C, including any affiliates or subsidiaries, involving shared space, equipment, financing or employees.

Name	Business Relationship

SCHEDULE A

16. Does your 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 your firm.

Equipment Owned	Serial Number	Quantity

- **Submit copies of automotive equipment titles.**

A. List equipment leased, rented, or borrowed and list the name of lessor.

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

- **Submit copies of lease agreement**

B. List the contributions of money, equipment, or real estate of each of the owners/shareholders. Detail amounts and types of investments listing only assets actually contributed.

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

- **Submit proof of Contribution(s) made by each owner / shareholder/member.**

SCHEDULE A

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	Ethnic Group	Gender	Length of Time
A. Financing Decisions				
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. Management Decisions:				
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				

- Submit copies of all bank resolutions and signature cards for all accounts.
- Submit detailed resumés and W-2 forms for the previous three years for each person identified above.

C. If any person listed is not an employee or officer of this firm, please identify that person's past or current affiliation with any other firm.

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

19. Indicate personnel or firms who provide the following services:

A. External Estimating (an outside firm that prepares costs estimates)

Name	Address	Contact Person and Telephone No.

SCHEDULE A

B. Accounting

Name	Address	Contact Person and Telephone No.

C. Attorney

Name	Address	Contact Person and Telephone No.

D. Financial Institutions

Name	Address	Contact Person and Telephone No.

E. Material Suppliers

Name	Address	Contact Person and Telephone No.

F. Management or Professional Services

Name	Address	Contact Person and Telephone No.

- **Submit a copy of the Management Service Agreement.**

G. Name of Bonding Agency _____
Company Name Address City State Zip

Agent's Name: _____ Telephone No. (_____) _____

Bonding Limit: _____ Single Contract: _____ Aggregate: _____

- **Submit documentation from bonding agent verifying bonding limits.**

SCHEDULE A

20. Identify any amounts of money loaned to your firm, indicating the loan source, date, and amount.

Loan Source	Address	Date of Loan	Loan Amount

- Submit a signed copy of each loan agreement (front and back side)

A. Identify the source of any letters of credit. _____

- Submit copies of initial and current letter of credit.

21. What were the gross receipts of the firm, including all affiliates, for each of the last three fiscal years? Indicate the number of permanent employees for those years.

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

- Submit copies of year end balance sheets and profit and loss statements for the past three years, or if a new business, submit a current balance sheet and the most recent individual U.S. tax return.

22. List three current service/supply contracts and/or customer invoices completed or provided by your firm.

Work Performed, Materials Supplied, or Services Provided by Your Firm	Company Name	Telephone No. and Contact Person	Your Contract Amount

- Submit Copies of contract(s)/ purchase orders or invoices.

23. Please state any relevant facts pertinent to the control and structure of this business enterprise.

COUNTY OF COOK
OFFICE OF CONTRACT COMPLIANCE
CERTIFICATION APPLICATION
AFFIDAVIT OF MINORITY AND/OR WOMEN'S BUSINESS ENTERPRISE (MBE/WBE)

This page must be signed by an 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 PARTICIPATION CREDIT; and/or 5) INITIATING ACTION UNDER FEDERAL, STATE OR LOCAL LAW.

Upon penalty of perjury, I _____ affirm that I am

(Print name)

the _____ of _____
(Position or title) (Firm name)

and that all of the foregoing information on this form is true and correct. I further affirm that the _____ interests in this firm constitute majority ownership and control.
(Minority and/or Woman)

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 (only)

SCHEDULE A CHECKLIST

I. You must attach the following documents:

- Application Must Be Signed By An Authorized Officer of The Firm and Be Notarized.
- Signed Copy of All Current Lease(s)/Most Recent Tax Bills.
- Current License(s)
- MBE/DBE/WBE or SBA 8a Certification(s) or Denial(s) (If Applicable)
- Agreement/letter from manufacturer stating that firm is an authorized distributor (if applicable)
- Evidence of Citizenship or Legal Permanent Residency , Ethnicity and Gender
- Documentation Limiting Ownership Rights (If Applicable)
- Contingent Agreements Affecting Management, Control or Rights of Any Stockholder (If Applicable)
- Resumes (Work History) of Owners, Directors, Officers, and Management Employees.
- Title(s) of Automotive Equipment (If Applicable)
- Equipment Lease Agreement(s) (If Applicable)
- All Bank Resolutions and/or Bank Signature Cards
- Management Service Agreement(s) If Applicable
- Proof of Contribution(s) By Owners to Acquire Stock in Firm or Start-Up Capital [i.e., Cancelled Checks, Loan Agreement(s), etc]
- Current Payroll Register
- Current Financial Statements including Balance Sheets (Assets and Liabilities) Plus Previous Two Years
- Most Recent Signed U.S. Federal and State Income Tax Returns or U.S. Individual Income Tax Returns Including All Attachments and Schedules Plus Previous Two Years
- Copies of W-2 Forms for Previous Three (3) Years for All Owners, Directors and Officers
- Copies of All Signed Loan Agreements (If Applicable)
- **Owner's Personal Net Worth Statement – Construction firms – (If Applicable)**
- Copies of the Cover Page and Executed Signature Page of Three (3) Contracts and/or Purchase Orders/Invoices. For New Businesses, Copies of proposals to do business in the area of specialty requested.

II. CORPORATIONS MUST ALSO INCLUDE THESE DOCUMENTS:

- Articles of Incorporation
- Certificate of Incorporation (If Applicable)
- By-Laws of Corporation
- Copies of All Stock Certificates Issued (Front and Back) and Stock Ledger
- Minutes of The First Stockholders' Meeting and/or Corporation's Organizing Minutes
- Minutes of The First Board of Directors' Meeting
- Minutes of Stockholders' Meeting Documenting The Election of Current Directors
- Minutes of Board of Directors' Meeting Documenting The Election of Current Officers
- State of Illinois Domestic Corporation Annual Report or Letter of Good Standing
- Authority to Transact Business in Illinois for firms located out of state (If Applicable)

III. PARTNERSHIPS MUST INCLUDE THESE DOCUMENTS:

- Partnership Agreement
- Assumed Name Certificate or Certificate of Limited Partnership
- Authority to Transact Business in Illinois for firms located out of state (If Applicable)

IV. LIMITED LIABILITY COMPANIES MUST ALSO INCLUDE:

- Articles of Organization
- Certificate of Organization (If Applicable)
- Operating Agreement
- Minutes of members/managers first and most recent meetings (If applicable)
- Authority to Transact Business in Illinois (for firms located out of state)

V. SOLE PROPRIETORSHIPS MUST ALSO INCLUDE:

- Assumed Name Certificate