

City of Los Angeles



Minority Business Enterprise (MBE) Women Business Enterprise (WBE) Certification Application

WHICH CITY DEPARTMENT REFERRED YOU TO BE CERTIFIED?

~ - Public Works, Bureau of (Circle One)
Engineering Sanitation Street Lighting Street Service

~ - Dept. of Water & Power ~ - Port of L.A.

~ - LA World Airports ~ - General Services

~ - Other: _____

ARE YOU CURRENTLY BIDDING OR PARTICIPATING ON A CITY CONTRACT?

~ - YES ~ - NO

IF YES, INDICATE THE FOLLOWING:

AGENCY OR DEPARTMENT: _____

CONTRACT NAME: _____ DUE DATE: _____

ARE YOU BIDDING AS ~ -SUB ~ - PRIME

AND PROVIDE THE FOLLOWING:

- COPY OF RFP/RFB PAGES SHOWING CONTRACT NAME, DUE DATE, & DEPARTMENT CONTACT INFORMATION
- LETTER FROM PRIME CONTRACTOR STATING THEIR INTENTION TO INCLUDE YOUR FIRM AS A SUBCONTRACTOR

FOR GENERAL INFORMATION ABOUT THE CITY'S CERTIFICATION PROGRAMS, A DIRECTORY OF CERTIFIED FIRMS, AND ANSWERS TO MANY FREQUENTLY ASKED QUESTIONS, PLEASE VISIT OUR WEBSITE AT

[HTTP://BCA.LACITY.ORG](http://BCA.LACITY.ORG) .

CERTIFICATION HELP LINE (213) 847-2684 OR EMAIL BCA.CERTIFICATIONS@LACITY.ORG

SUBMIT COMPLETED APPLICATION PACKAGE TO:

**CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF CONTRACT ADMINISTRATION
OFFICE OF CONTRACT COMPLIANCE – CENTRALIZED CERTIFICATION
1149 S. BROADWAY, SUITE 300
LOS ANGELES, CA 90015**

Thank you for your interest in the City of Los Angeles Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) Certification Program. Certification is available to all businesses that meet the eligibility requirements. There is no application fee for this service.

MBE & WBE ELIGIBILITY REQUIREMENTS¹

Minority Business Enterprise	Women Business Enterprise
<ul style="list-style-type: none"> • For-profit and independent business • Owners meet licensing requirements • Business is at least 51% owned and controlled by United States citizens or legal permanent residents who are members of the following groups: Black American, Hispanic American, Native American, Asian-Pacific American, Subcontinent Asian American 	<ul style="list-style-type: none"> • For-profit and independent business • Owners meet licensing requirements • Business is at least 51% owned and controlled by United States citizens or legal permanent residents who are women

¹Definition adopted from the Code of Federal Regulations, Title 49, Part 26.

INSTRUCTIONS

1. Complete all pages of the attached Certification Application. Wherever appropriate, indicate that an item is not applicable by writing "N/A" in the box. Be sure to provide information regarding **ALL** owners when applicable.
2. Sign and notarize the attached Certification Affidavit.
3. Submit **ALL** required documentation (refer to Supporting Documents Checklist). Provide a written explanation for any document not submitted. The application review cannot be completed without the required documentation.

4. Submit all documents to:

City of Los Angeles
 Department of Public Works
 Bureau of Contract Administration
 Office of Contract Compliance – Centralized Certification
 1149 S. Broadway, Suite 300
 Los Angeles, CA 90015

WHAT TO EXPECT

After you submit your application to our office, you will receive written confirmation of receipt. The application review process can require additional documentation and/or a site visit to verify eligibility. The City will notify you in writing of all requests for additional information.

Certification Tips:

- Firms currently certified by City-recognized agencies do not need to apply with the City of L.A. The City will honor the certifications from the following agencies:
 - DBE/ACDBE certification from any California Unified Certification Program (CUCP) member agency, as long as it meets the City's MBE/WBE certification criteria.
 - SMBE/SWBE certification from the California Dept. of Transportation (CalTrans).
 - MBE certification from the Southern California Minority Supplier Development Council (SCMSDC) and the California Public Utilities Commission (CPUC) through The Supplier Clearinghouse
 - WBE certification from the Women Business Enterprise Council – West (WBEC-West) and the California Public Utilities Commission (CPUC) through The Supplier Clearinghouse
- Staff is available to provide information and assistance by phone or in person by calling (213) 847-2684.

City of Los Angeles
MINORITY/WOMEN BUSINESS ENTERPRISE CERTIFICATION APPLICATION



I. GENERAL INFORMATION	
APPLYING FOR CERTIFICATION AS : <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE IS YOUR FIRM FOR PROFIT? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YOUR FIRM IS NOT FOR PROFIT, YOU DO NOT QUALIFY FOR THIS PROGRAM) HAS YOUR FIRM BEEN CERTIFIED BY ANOTHER CERTIFYING AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHICH AGENCY & CERTIFICATION (E.G., MBE, WBE, SBE, DBE, etc.) HAS FIRM EVER BEEN DENIED CERT? IF YES, WHICH AGENCY & DATE	

BUSINESS NAME	DBA NAME		
COUNTY OF PRINCIPAL OFFICE LOCATION	RAMP (Formerly LABAVN) ID No. (f none, register at RAMPLA.ORG)		
STREET ADDRESS OF PRINCIPAL OFFICE LOCATION (No P.O. Box)	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP

CONTACT PERSON (MAJORITY OWNER)	E-MAIL ADDRESS	WEBPAGE ADDRESS	
PHONE NUMBER	OTHER PHONE NUMBER	FAX NUMBER	DATE FIRM WAS ESTABLISHED

ADDRESSES OF OTHER LOCATIONS, FACILITIES, STORAGE SPACES, ETC. (ATTACH ADDITIONAL PAGES IF NECESSARY):

DESCRIPTION (E.G., STORAGE, FIELD OFFICE, FACTORY)	STREET ADDRESS	CITY	STATE	ZIP
DESCRIPTION (E.G., STORAGE, FIELD OFFICE, FACTORY)	STREET ADDRESS	CITY	STATE	ZIP

METHOD OF ACQUISITION: <input type="checkbox"/> STARTED NEW BUSINESS <input type="checkbox"/> PURCHASED EXISTING BUSINESS <input type="checkbox"/> INHERITED BUSINESS OTHER (EXPLAIN): _____ BUSINESS STRUCTURE: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC TYPE OF BUSINESS: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> SERVICE <input type="checkbox"/> WHOLESALER/RETAILER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> TRUCKER
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DESCRIBE THE PRIMARY BUSINESS OF THE FIRM NUMBER OF EMPLOYEES FULL-TIME _____ PART-TIME _____	HAS FIRM EVER EXISTED UNDER DIFFERENT OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: NUMBER OF: OWNERS _____ OFFICERS _____ DIRECTORS _____
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FIRM'S MAJOR EQUIPMENT (CONSTRUCTION EQUIPMENT, VEHICLES, MACHINERY, ETC. ATTACH ADDITIONAL PAGES IF NECESSARY):

TYPE OF EQUIPMENT	MAKE/MODEL	OWNED/LEASED

II. OWNERSHIP

COMPLETE THIS SECTION SEPARATELY FOR ALL INDIVIDUALS WITH AN OWNERSHIP INTEREST IN THE FIRM. ATTACH ADDITIONAL PAGES IF NECESSARY.

NAME	TITLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
POSITION IN APPLICANT FIRM	PERCENT OWNERSHIP	OWNERSHIP IN FIRM SINCE
CITIZENSHIP: <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT LEGAL RESIDENT		
ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK AMERICAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN PACIFIC <input type="checkbox"/> SUBCONTINENT ASIAN		
<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> OTHER (EXPLAIN): _____		
HOME ADDRESS (STREET, CITY, STATE, ZIP)		HOME PHONE NUMBER
INVESTMENT TO ACQUIRE OWNERSHIP: <input type="checkbox"/> CAPITAL - AMOUNT: \$ _____ <input type="checkbox"/> EQUIPMENT - VALUE: \$ _____ <input type="checkbox"/> OTHER - PLEASE EXPLAIN: _____		

DURING THE PREVIOUS THREE (3) TAX YEARS DID THIS OWNER:	YES	NO
1. HAVE OWNERSHIP INTEREST IN ANY OTHER BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
2. PERFORM MANAGEMENT DUTIES FOR ANOTHER BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
3. HAVE A FAMILY MEMBER(S) ENGAGED IN A SIMILAR BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE A FINANCIAL RELATIONSHIP WITH ANOTHER BUSINESS CONSISTING OF LOANS, AND/OR ASSISTANCE TO MEET BONDS, SECURITY OR CREDIT REQUIREMENTS?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PROVIDE:
BUSINESS NAME, BUSINESS ADDRESS, NATURE OF BUSINESS, NATURE OF RELATIONSHIP.

III. CONTROL

IDENTIFY YOUR FIRM'S OWNERS, OFFICERS AND DIRECTORS

NAME	TITLE	DATE APPOINTED	ETHNICITY	GENDER (M/F)	RESPONSIBILITY (SEE LIST BELOW. INDICATE ALL CODES THAT APPLY)

RESPONSIBILITY:

(1) FINANCIAL DECISIONS, (2) ESTIMATING AND BIDDING, (3) NEGOTIATING AND CONTRACT EXECUTION, (4) HIRING/FIRING PERSONNEL, (5) FIELD/PRODUCTION OPERATIONS, (6) OFFICE MANAGEMENT, (7) MARKETING/SALES, (8) PURCHASE OF MAJOR EQUIPMENT, (9) AUTHORIZED TO SIGN CHECKS

LIST CURRENT LICENSES AND PERMITS HELD BY ALL OWNERS, OFFICERS, AND DIRECTORS

LICENSE QUALIFIER	LICENSE TYPE	LICENSE NO.	EXPIRATION DATE

LIST SOME OF YOUR MAJOR PROJECTS, CONTRACTS OR SALES

PROJECT NAME	CLIENT/CONTRACTOR NAME	AMOUNT	SCOPE OF WORK PERFORMED

AFFILIATION INFORMATION

YES NO

DOES THIS BUSINESS SHARE EMPLOYEES, FACILITIES, EQUIPMENT OR SYSTEMS WITH ANOTHER BUSINESS?

DOES ANY OTHER BUSINESS ENTITY HAVE AN OWNERSHIP INTEREST IN THIS BUSINESS?

IS THIS BUSINESS AN AFFILIATE, SUBSIDIARY, PARENT, OR HOLDING COMPANY OF ANY OTHER BUSINESS?

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PROVIDE:

BUSINESS NAME, BUSINESS ADDRESS, NATURE OF AFFILIATE BUSINESS, NATURE OF RELATIONSHIP (ATTACH ADDITIONAL PAGES IF NECESSARY).

NAICS CODES

The City of Los Angeles utilizes the North American Industry Classification System (NAICS) to identify a firm's Area of Specialty or Expertise. A firm may only be certified in the business activity in which the firm is regularly engaged, competent to engage, and is controlled by the minority or women qualifier(s).

In order to assist us, please indicate below the NAICS codes for the area(s) of Specialty or Expertise that you perform in order of importance.

For a full list of NAICS codes and assistance in locating appropriate codes please visit:
<http://www.naics.com/search.htm>

<u>NAICS Code</u>	<u>Description of Work/Service</u>
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATION AFFIDAVIT:

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, AND INITIATION OF DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE INDIVIDUAL AND/OR ENTITY MAKING THE FALSE STATEMENTS TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

THE SIGNATORY OF THIS DOCUMENT MUST BE THE APPLICANT FIRM’S OWNER, OFFICER OR DIRECTOR.

I, _____ (Full Name Printed), affirm under penalty of perjury that I am _____ (Title) of _____ (Applicant Firm) and that I have read and understood all of the questions on this application and that all the foregoing information is true and correct to the best of my knowledge. The responses include all 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 understand and recognize that the information submitted in this application is for the purpose of ascertaining certification approval by the City of Los Angeles, Bureau of Contract Administration (LA/BCA). I understand that LA/BCA reserves the right to collect documents and conduct site visit as it deems necessary. I understand that LA/BCA may, by means it deems appropriate, determine accuracy and truth of the statements in the application, and I authorize such agency to contact the entity, individual(s), company, person(s) identified in the application, contractors, etc., and other certifying agencies for the purpose of verifying the information supplied and determining the applicant’s eligibility.

I declare under penalty of perjury that the information provided in this application and supporting documentation is true and correct.

Required Signature: _____ **Date:** _____

NOTARY CERTIFICATE

State of _____, County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within Affidavit, and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness whereof, I hereto set my hand and Official Seal.

Notary Public _____ Seal:

SUPPORTING DOCUMENTS CHECKLIST

SUBMIT REQUIRED DOCUMENTATION FOR ALL CATEGORIES BELOW THAT APPLY TO YOUR BUSINESS.

PLEASE DO NOT BIND YOUR SUBMITTAL.

All Applicants

- Proof of ethnicity and/or gender for all qualifying owners (e.g., passport or birth certificate that explicitly states ethnicity and/or gender)
- Proof of U.S. citizenship or permanent legal residency (e.g., passport, birth certificate)
- Résumés of all qualifying owners, principals and key personnel showing places of employment/ownership, education, and training with corresponding dates
- Federal Individual Income Tax Returns (Form 1040) including all W-2s, schedules, and statements for the most recent three years for all qualifying owners (*state tax returns are not required*)
- Documented proof of capital investment and/or contributions to acquire ownership or purchase stock for each qualifying owner (*e.g., both sides of cancelled checks*).
- End of year Balance Sheets and Income Statements for the most recent three years (*or life of firm, if less than three years*)
- All relevant licenses, permits and certificates with expiration dates.
- Documented proof of ownership or signed lease agreement(s) for all office, warehouse, storage space, etc. owned or leased by your firm
- Bank Signatory Card

Corporation

- Federal Corporate Income Tax Returns (Form 1120 or 1120S) including all schedules and statements for the most recent three years (*state tax returns are not required*)
- Articles of Incorporation (*signed by the state official with approval date*)
- Both sides of **all** corporate stock certificates (*current and cancelled*)
- Stock transfer ledger
- Minutes of the First Organizational Meeting
- Board Meeting Minutes for the last three (3) years, if available.

Partnership or Joint Venture

- Federal Partnership Income Tax Returns (Form 1065) including all schedules and statements for the most recent three years (*state tax returns are not required*)
- Original and any amended Partnership and/or Joint Venture Agreements

LLC

- Federal Partnership Income Tax Returns (Form 1065) including all schedules and statements for the most recent three years (*state tax returns are not required*)
- Original and any amended Operating Agreement(s)
- Articles of Organization

Trucking Company

- Title(s) and registration certificate(s) for each truck owned and/or operated by your business
- Current Motor Carrier Permit

Regular Dealer

- Proof of warehouse ownership or lease
- List of product lines carried
- List of distribution equipment owned and/or leased