

CITY OF OCALA

DIVERSE SMALL BUSINESS ENTERPRISE (DSBE) APPLICATION



December 1, 2020





CITY OF OCALA
DIVERSE SMALL BUSINESS ENTERPRISE (DSBE)
Program Instructions and Application



IMPORTANT INFORMATION

This application is required to become certified as a City of Ocala DSBE vendor, and a member of the Diverse Small Business Enterprise Program.

This application should be completed by:

- businesses applying for initial DSBE certification;
- businesses with changes in the ownership, control or independence of the business since last certification;
- businesses renewing their original application for continued eligibility; or
- businesses that allowed their certification to expire by more than 60, days or have otherwise been de-certified or denied re-certification.

***NOTE:** under Florida's Public Record's Law any information sent to the City of Ocala is considered a public record and is subject to disclosure under these laws, except for any express statutory exemptions. Any information deemed confidential and exempt from this law will be redacted.*

INSTRUCTIONS FOR COMPLETING DSBE APPLICATION

1. Prior to submission of the application the business must register with the City's online small business site. Go to <http://bidocala.com/small-business-matters/> and complete the registration process.
2. Submit the attached application to the DSBE Coordinator via the email below, or through US mail.
3. Answer every question completely. Additional responses may be attached. Indicate questions which do not apply to the applicant's business with "N/A."
4. Provide all documents requested simultaneously with the submission of the application.
5. The owner/authorized signatory must sign the application.
6. Failure to complete the application as instructed will delay processing and may result in denial of DSBE certification.
7. An "Owners Net Worth" statement must be submitted for each qualifying owner.
 - ✓ Check box at the top of the Owners Net Worth statements to indicate confidential records.
8. When filling out the Race/Gender/Veteran Self-Classification form, please note the form must be completed and signed for each qualifying owner.
9. Certified DSBEs must provide written notification to the City of Ocala DSBE Coordinator of any changes, such as changes in business name, address, ownership, control, residency, licensure, significant assets or conflicts of interest, within 10 business days after the change.

Submit DSBE applications and supporting documents to:

Email: smallbiz@ocalafl.org

Mail: **City of Ocala Procurement Department**
Attn: DSBE Coordinator
110 SE Watula Avenue, Ocala, FL 34471

Completion of the application indicates the business agrees to abide by the requirements of the City of Ocala's DSBE Program, and upon application approval and receipt of a certification letter, it is the business' responsibility, with or without notification, to submit an application for re-certification at least 60 calendar days before expiration of 3-year certification period.



CITY OF OCALA
DSBE APPLICATION
SUPPORTING DOCUMENTATION CHECKLIST
Submit the following documents with your application



REQUIRED for all DSBEs:

W-9 Form

Provide one of the following:

- **Sole Proprietorship/Fictitious Name (if any)** – Fictitious Name Certificate from State of Florida Divisions of Corporations;
- **Partnership or Joint Venture** - Original and any amended Partnership or Joint Venture Agreements; or
- **Corporation or LLC** - Registration must be current with Florida Division of Corporations. Provide articles of incorporation.

All relevant licenses, permits, registrations and certifications of all owners, officers, directors or key employees (*example: Plumbing Contractor's License*).

Proof of Workers Compensation coverage (provide if business has employees). *If exempt or no employees, provide copy of WC Exemption Certificate, or complete a City exemption affidavit.*

Proof of current lease for business location, if business not home-based.

Owner's Net Worth Statement: each owner must submit a separate statement.

SPECIFIC TO DSBE BUSINESS (Documents necessary based on DSBE Business type):

Proof of military status (Veterans only: *submit DD214 with SSN redacted*).

Partnership agreements (Partnerships only).

OPTIONAL:

Proof of Liability Insurance: Certificate of Insurance showing coverages, coverage dates, and amounts.

Copy of certificate from any government entity identifying business as an MBE/WBE/SBE/VBE, etc.



CITY OF OCALA

DIVERSE SMALL BUSINESS ENTERPRISE

Certification Application



Diverse Small Business Enterprise (DSBE) Program
110 SE Watula Avenue, 3rd Floor, Ocala, FL 34471

Initial Application
 Renewal Application
 Update Application
 Expired Certification/ Reapplication

Legal name of business: _____

d/b/a (registered fictitious name): _____

Address of business: _____

Complete EIN or SSN (Last 4): _____ Date Business Established: ____/____/____
(MM/DD/YYYY)

Company Website: _____ Telephone Number: _____

Cell Number: _____ Fax Number: _____

Primary Contact Name: _____ Contact Title: _____

Contact Email: _____ Contact Cell Number: _____

Contact Address (if different from above): _____

1. Business organization:

Business Type	
<input type="checkbox"/>	Single Member LLC/LLP
<input type="checkbox"/>	Corporation/S-Corp
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Joint Venture

Business Origin	
<input type="checkbox"/>	New Start-Up
<input type="checkbox"/>	Bought Existing
<input type="checkbox"/>	Merged
<input type="checkbox"/>	Inherited
<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Other: _____

Completion of the application indicates the business agrees to abide by the requirements of the City of Ocala's DSBE Program, and upon application approval and receipt of a certification letter indicating the period of certification, it is the business' responsibility, with or without notification, to submit an application for re-certification at least 60 calendar days before certification period expiration.

2. List any previous names of the business and their Tax ID numbers:

Business Name	Tax ID

3. List ALL services/goods provided by the business, listing PRIMARY services FIRST. If UNSPSC code is unknown that column will be completed by DSBE Staff. Use [https:// www.unspsc.org/search-code](https://www.unspsc.org/search-code).

UNSPSC #	Description	UNSPSC #	Description

4. List all the Federal, State, County, or City licenses/permits held by the Applicant firm to legally conduct business and legally operate the business in Florida and the jurisdiction where firm is located. Submit copies of all current licenses, permits, and/or pending applications.

Licensing Entity	License #	License Name	Name of License Holder	Expiration	Limitations? (Y/N: List if applicable)

5. Number of employees: self or self, plus: full-time _____ part time _____
of staff # of staff

6. The business has ____ shares of stock or N/A.

7. Identify all owners of the business:

Owner Name	Race	Gender	Years of Ownership	% Owned

8. Has the ownership changed since the business was started or acquired?

Yes No

If a change occurred, on what date did the change occur? *Date:* _____

9. List the names of each individual responsible for the following:

Job Responsibilities	Name	Title
Marketing/Sales/Advertising		
Personnel Mgmt. (Hiring/Firing)		
Supervising Field Operations		
Signing Contracts/Checks		

10. Does any owner/principal/board member/officer own stock in another firm engaged in the same or similar line of business? Yes No

11. Does any owner/principal/board member/officer work for another firm engaged in the same or similar line of business as the applicant firm? Yes No

12. If you answered yes to question 10 or 11 above, please identify the individual(s), other firm(s), position held, and/or ownership percentage with the other firm as applicable. Attach sheet if needed.

Owner/Officer/Employee	Other Business Name	Position Held	Ownership Percentage <i>(if applicable)</i>
			_____ %
			_____ %
			_____ %

13. Are any current owners, officers, directors, management officials, related to, or are friends or associates of employees of the City of Ocala; or have they previously been owners, officers, directors, management officials or employees of the City of Ocala? Yes No

If yes, please list below: *(NOTE: This will not hurt or affect your eligibility for DSBE certification)*

Business Name	Person <i>(name(s))</i>	Relationship <i>(with person)</i>

14. Provide work completed or underway for the City of Ocala within the last three years.

Project Name or Brief Description	Contract Amount	Month/Year

15. Has any another governmental agency certified your business as a minority, woman or veteran owned business or otherwise designated minority or small business program?

Yes
 No

If yes, please attach a copy of certificates from another government agency.

16. List all major equipment and vehicles. Attach sheet(s) as needed.

Equipment/Vehicle Description	Brand/Model	Quantity	Leased or Owned

CONFIDENTIAL

If this box is checked by Applicant, this form is a confidential financial record and, as such, will not be considered as a public record per Florida Statute §119.071.



CITY OF OCALA
DIVERSE SMALL BUSINESS ENTERPRISE
OWNER'S NET WORTH STATEMENT



Diverse Small Business Enterprise (DSBE) Program
 110 SE Watula Avenue, 3rd Floor, Ocala, FL 34471

Complete this form for each owner.

Applicant Name:		Business Name:	
Residence Address:		Business Phone:	
City, State:		Zip Code:	
Residence Phone:		Cell Phone:	

PERSONAL FINANCIAL STATEMENT As of _____.

ASSETS <i>(Required: Spouse-held assets)</i>	(omit cents)	TOTAL LIABILITIES <i>(Optional: Spouse-held liabilities)</i>	(omit cents)
Cash on hand and in banks		Accounts payable	
Savings accounts		Loans payable to banks and others <i>(ex: student loans, credit cards)</i>	
IRA or other retirement account		Unpaid/overdue taxes	
Accounts and notes receivable		Installment account (other)	
Life insurance – cash surrender value only		Loans against life insurance	
Stocks and bonds		Total mortgages	
Real estate		Auto loan current balance	
Automobile(s) - present value		Other liabilities	
Other personal property and assets		_____	
Business value – net worth of business times percent ownership*		_____	
Total Assets		Total Liabilities	

NET WORTH (Total Assets minus Total Liabilities) = _____

* For example: If my company is worth \$100,000, and I own 51% of the business, the business value is \$51,000. ($\$100,000 \times 0.51 = \$51,000$). However, if my business partner is also my spouse, 100% of the business book value and assets must be claimed.



CITY OF OCALA
DIVERSE SMALL BUSINESS ENTERPRISE
SELF-CLASSIFYING INFORMATION



Diverse Small Business Enterprise (DSBE) Program
 110 SE Watula Avenue, 3rd Floor, Ocala, FL 34471

Complete this form for each owner.

Business Name:	
Owner/Officer:	

RACE/GENDER/VETERAN SELF-CLASSIFICATION

Definitions: *The groups listed below consist of those individuals who are citizens of the United States or lawfully admitted permanent residents, who meet the following criteria:*

- *“Black Americans,” which includes persons having origins in any of the Black racial groups of Africa;*
- *“Hispanic Americans,” which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race;*
- *“Native Americans,” which includes persons who are enrolled members of a federally or State recognized Indian tribe, Alaska Natives, or Native Hawaiians;*
- *“Asian-Pacific Americans,” which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), Republic of the Northern Marianas Islands, Samoa, Macao, Fiji, Tonga, Kiribati, Tuvalu, Nauru, Federated States of Micronesia, or Hong Kong;*
- *“Subcontinent Asian Americans,” which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka;*
- *“Women,” and*
- *“Veterans,” which includes persons who are currently serving or have served on active duty with the Army, Air Force, Navy, Marine Corps, or Coast Guard for any length of time and didn’t receive a dishonorable discharge.*

1. Are you a Veteran? Yes No

Which years did you serve? _____

Were you honorably discharged? Yes No

If you are active duty, where are you stationed? _____

Branch	
<input type="checkbox"/>	Air Force
<input type="checkbox"/>	Army
<input type="checkbox"/>	Coast Guard
<input type="checkbox"/>	Marine Corps
<input type="checkbox"/>	Navy

2. Specify the total percentage of business ownership possessed by the following groups:

Business Ownership Groups		% of Ownership
<input type="checkbox"/>	Black Americans	_____%
<input type="checkbox"/>	Hispanic Americans	_____%
<input type="checkbox"/>	Native Americans	_____%
<input type="checkbox"/>	Asian-Pacific Americans	_____%
<input type="checkbox"/>	Subcontinent Asian Americans	_____%
<input type="checkbox"/>	Women	_____%
<input type="checkbox"/>	Veterans	_____%

3. If needed, indicate the additional classification groups referenced in the preceding question to further designate the business classification.

Additional Classification Groups	
<input type="checkbox"/>	Black American
<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian-Pacific American
<input type="checkbox"/>	Subcontinent Asian American
<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Veteran

I confirm the self-classification information listed above is accurate to the best of my knowledge.

Signature: _____ **Name:** _____

Title: _____ **Date:** _____



CITY OF OCALA
DIVERSE SMALL BUSINESS ENTERPRISE
DSBE AFFIDAVIT AND AUTHORIZATION



The undersigned swears the initial and supplemental information, statements and documents provided are: (i) provided in an effort to induce the grant of DSBE certification with the City of Ocala; and (ii) true and correct and include all material information necessary to identify and explain the operations of the undersigned's business, as well as the ownership thereof. The undersigned agrees to abide by the requirements contained herein and will provide to the City of Ocala current, complete and accurate information regarding actual work performed on any City of Ocala project and any proposed changes, and to permit the audit and examination of books, records and files of the undersigned business upon the City of Ocala's reasonable notice and/or request for the same.

The undersigned hereby authorize(s) any request(s) of any person, business or corporation to furnish any pertinent information requested by the City of Ocala deemed necessary to verify the statements made in this application or regarding the ability, standing and general reputation of the applicant.

The undersigned understands it is unlawful for any individual to fraudulently represent an entity as a small or socially and economically disadvantaged business enterprise for the purposes of qualifying for certification designed to assist small or socially and economically disadvantaged business enterprises in the receipt of contracts for the provision of goods and services. Any person who violated this section is guilty of a felony of the second degree.

Furthermore, the undersigned understands they may not:

- Fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining or retaining or attempting to obtain certification as a diverse small business enterprise as defined by the City of Ocala's Procurement and Contracting Department;
- Violate the requirements of the City of Ocala's DSBE Program, or willfully make a false statement, whether by affidavit, report, or other representation for any purpose, particularly for the purpose of securing a contract for the provision of goods and services, or of influencing the certification or denial of certification of any entity as a diverse small business enterprise; or
- Willfully obstruct, impede, or attempt to obstruct or impede the investigation into the qualifications of a business entity that has requested certification as a diverse small business enterprise.

Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of action under Federal, state or local laws concerning false statements.

Applicant's Name: _____ **Business Name:** _____

Applicant's Signature: _____ **Date:** _____

After your file is complete and the Contracting Officer approves your application, you will be certified and you will receive a welcome letter and certificate. The recertification short form will need to be submitted at least 60 days before expiration of three-year certification to remain in the program. Additionally, it is your obligation to promptly notify the DSBE Program when changes occur in the material originally submitted for this certification. As a certified DSBE, you are required to notify the DSBE Program in writing of any changes in your business ownership, structure, specialty, or contact information. Remember to retain copies of everything you send to us so that once you have become certified by the City of Ocala you can apply with the State of Florida and other government entities with ease. *Please note, there is no formal appeal process for denied applications. We thank you for your interest in being a certified DSBE vendor with the City of Ocala!*