

## Required Document Checklists

### For Sole Provider: MBE Only Applicants

<input type="checkbox"/>	Attachment A
<input type="checkbox"/>	Attachment B
<input type="checkbox"/>	Work experience resume(s) for owner(s) (that include places of ownership/employment with corresponding dates)
<input type="checkbox"/>	Proof of U.S. citizenship, i.e., passport, birth certificate, etc.
<input type="checkbox"/>	Proof of race, i.e., birth certificate (stating race), etc.
<input type="checkbox"/>	Personal (state) tax returns for the last year, including all schedules
<input type="checkbox"/>	Copy of all relevant required licenses
<input type="checkbox"/>	List of loan agreements, security agreements and bonding forms
<input type="checkbox"/>	List of equipment owned, leased and signed lease agreements
<input type="checkbox"/>	List of construction equipment and/or vehicles owned and/or leased
<input type="checkbox"/>	Copy of bank signature authorization card or corporation resolution
<input type="checkbox"/>	Copy of business facility lease agreements

## Required Document Checklists

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<input type="checkbox"/>	If claiming social disadvantage based on HUBZone location, submit a copy of HUBZone listing.
<input type="checkbox"/>	If claiming social disadvantage based on Geographic/Economic Isolation, submit one of the following:  <ul style="list-style-type: none"> <li>– Apartment rental receipts</li> <li>– Cancelled checks for rented property</li> <li>– Any document(s) establishing home ownership over time</li> <li>– Notarized statement from school official establishing residency or government official establishing residency</li> <li>– Cancelled checks for mortgage payments</li> <li>– Other acceptable document establishing 10 years or more residency in an area recognized as a HUB Zone by the Small Business Administration (SBA)</li> </ul>
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<input type="checkbox"/>	Personal (state) tax returns for the last year, including all schedules
<input type="checkbox"/>	Company (federal) tax returns and all related schedules for the past year
<input type="checkbox"/>	Provide the following for the last year (if applicable): W-2s and/or 1099 forms from every officer, director and partner/owner(s) receiving compensation from the business for the most recent year.
<input type="checkbox"/>	Year-end balance sheets and income statements for the last fiscal year; a new business must provide a current balance sheet and profit and loss statement.
<input type="checkbox"/>	Documented proof of contributions used to acquire ownership (e.g., both sides of cancelled checks)
<input type="checkbox"/>	Copy of all relevant required licenses
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<input type="checkbox"/>	List of equipment owned or leased and signed lease agreements
<input type="checkbox"/>	List of construction equipment and/or vehicles owned and/or leased
<input type="checkbox"/>	Documented proof of any transfers of assets to/from your business and/or to/from any of its owners over the past two years
<input type="checkbox"/>	Copy of bank signature authorization card or corporation resolution
<input type="checkbox"/>	Copy of any type of management/subcontracting/service agreements
<input type="checkbox"/>	Certificate of registration signed by the Ohio Secretary of State
<input type="checkbox"/>	Official Articles of Incorporation
<input type="checkbox"/>	Copy of both sides of ALL stock certificates
<input type="checkbox"/>	Stock transfer ledger/journal
<input type="checkbox"/>	Minutes from the most recent meeting of shareholders
<input type="checkbox"/>	Minutes from most recent meeting of board of directors
<input type="checkbox"/>	Corporation Bylaws/Code of Regulations and any amendments or Code of Regulations
<input type="checkbox"/>	Copy of business facility lease agreements
<input type="checkbox"/>	Official Certificate of Formation, Operating Agreement and Regulations with any amendments (LLC only)
<input type="checkbox"/>	Articles of Organization (LLC only)
<input type="checkbox"/>	Member list/roster/exhibit/schedule with titles (LLC only)
<input type="checkbox"/>	Most recent meeting minutes (LLC only)

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<input type="checkbox"/>	Official Articles of Incorporation
<input type="checkbox"/>	Copy of both sides of ALL stock certificates
<input type="checkbox"/>	Stock transfer ledger/journal
<input type="checkbox"/>	Minutes from the most recent meeting of shareholders
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## Attachment A

### Primary Business Type

**Instructions:** Please choose one category to describe your company's main business purpose.

<input type="checkbox"/>	accounting services	<input type="checkbox"/>	construction (site work/excavation)
<input type="checkbox"/>	advertising agency	<input type="checkbox"/>	construction (trucking)
<input type="checkbox"/>	architectural design	<input type="checkbox"/>	construction management (facilities/project management)
<input type="checkbox"/>	architecture & engineering	<input type="checkbox"/>	court reporting
<input type="checkbox"/>	automotive &/or truck dealership	<input type="checkbox"/>	delivery services
<input type="checkbox"/>	automotive &/or truck repair	<input type="checkbox"/>	deputy registrar
<input type="checkbox"/>	barber services	<input type="checkbox"/>	distributor &/or supplier (coal/natural gas/limestone, etc.)
<input type="checkbox"/>	billing service	<input type="checkbox"/>	distributor &/or supplier (electrical/electronic/fiber-optic, etc.)
<input type="checkbox"/>	building maintenance services	<input type="checkbox"/>	distributor &/or supplier (fire alarm/security cameras/access control, etc.)
<input type="checkbox"/>	carpet cleaning	<input type="checkbox"/>	distributor &/or supplier (food products)
<input type="checkbox"/>	catering services	<input type="checkbox"/>	distributor &/or supplier (furniture)
<input type="checkbox"/>	childcare services	<input type="checkbox"/>	distributor &/or supplier (healthcare products)
<input type="checkbox"/>	collection agency	<input type="checkbox"/>	distributor &/or supplier (industrial chemical/foils/oils, etc.)
<input type="checkbox"/>	computer services (sell/resell/repair/consulting)	<input type="checkbox"/>	distributor &/or supplier (janitorial/cleaning supplies)
<input type="checkbox"/>	construction (asphalt &/or concrete paving)	<input type="checkbox"/>	distributor &/or supplier (office supplies)
<input type="checkbox"/>	construction (carpenter &/or drywall)	<input type="checkbox"/>	distributor &/or supplier (pharmaceuticals/drugs)
<input type="checkbox"/>	construction (commercial)	<input type="checkbox"/>	employment services (staffing/hiring/recruitment)
<input type="checkbox"/>	construction (concrete)	<input type="checkbox"/>	engineering
<input type="checkbox"/>	construction (electrical)	<input type="checkbox"/>	environmental consulting
<input type="checkbox"/>	construction (general contractor)	<input type="checkbox"/>	event planning
<input type="checkbox"/>	construction (material supplier)	<input type="checkbox"/>	financial advisor (banking/stocks/retirement)
<input type="checkbox"/>	construction (mechanical)	<input type="checkbox"/>	florist
<input type="checkbox"/>	construction (painting)	<input type="checkbox"/>	food concessions
<input type="checkbox"/>	construction (plumbing &/or HVAC)	<input type="checkbox"/>	foreign language services
<input type="checkbox"/>	construction (residential)	<input type="checkbox"/>	fulfillment services (promotional/advertising, etc.)
<input type="checkbox"/>	human resources services	<input type="checkbox"/>	printing (off-set)
<input type="checkbox"/>	information technology services (application development/network support)	<input type="checkbox"/>	printing (silk screen/other)

<input type="checkbox"/>	insect & pest control services	<input type="checkbox"/>	public relations (community/grassroots)
<input type="checkbox"/>	insurance agent	<input type="checkbox"/>	radio broadcasting
<input type="checkbox"/>	janitorial services	<input type="checkbox"/>	real estate (agent/appraisal)
<input type="checkbox"/>	landscaping	<input type="checkbox"/>	rental services (equipment)
<input type="checkbox"/>	laundry services (cleaning/tailoring/embroidery)	<input type="checkbox"/>	security services (monitoring/armed &/or unarmed guards/patrol/etc.)
<input type="checkbox"/>	manufacturer	<input type="checkbox"/>	technical writing
<input type="checkbox"/>	marketing & advertising services	<input type="checkbox"/>	telecommunications (fiber-optic/cabling/installation, etc.)
<input type="checkbox"/>	moving services	<input type="checkbox"/>	temporary staffing services
<input type="checkbox"/>	nursing care	<input type="checkbox"/>	testing services
<input type="checkbox"/>	photography	<input type="checkbox"/>	transportation services
<input type="checkbox"/>	power washing &/or cleaning	<input type="checkbox"/>	travel services
<input type="checkbox"/>	printing (digital/desktop/copying, etc.)	<input type="checkbox"/>	vending services
<input type="checkbox"/>	printing (graphic design)	<input type="checkbox"/>	other_____

**Attachment B**

**Disability Verification Form**

**Instruction:** Complete this form for each proprietor, for each limited partner who owns any interest, for each general partner or for each stockholder owning any of the voting stock who is applying due to a mental/physical disability.

**THIS SECTION TO BE COMPLETED BY APPLICANT:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY LICENSED MEDICAL PROFESSIONAL:**

Does the individual have a disabling condition as defined by the Americans with Disabilities Act of 1990 as described below:

“The term ‘disability’ means, with respect to an individual,  
(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;  
(B) a record of such an impairment; or  
(C) being regarded as having such an impairment.”

Mark one:  Yes  No

If yes, mark one:  Physical  Mental

Is this disability permanent?  Yes  No

If no, please explain: \_\_\_\_\_

Briefly describe the relevant facts supporting this individual’s disability designation:

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

I certify that the information contained in this form is true to the best of my knowledge.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attachment C**

**Affidavit of Race**

**Instruction:** Complete this form for each owner unable to provide proof of race.

I, \_\_\_\_\_, am of \_\_\_\_\_ decent and  
(name) (race)  
have always held myself out as \_\_\_\_\_. I am known  
(race)  
to my community as a/an \_\_\_\_\_. By way of the above  
(race)  
statements I am declaring for the purposes of the Minority Business Enterprise and/or  
Encouraging Diversity, Growth & Equity program(s) I am of the \_\_\_\_\_ race.  
(race)

The undersigned swears that the foregoing statements are accurate. The undersigned further acknowledges and understands that any misrepresentation of the above facts in order to obtain benefit(s) under sections 123.151 and/or 125.081 of the Revised Code constitutes theft by deception as provided in sections 2913.02 of the Revised Code and such other provisions as may apply.

Authorized Signature \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY PUBLIC SEAL**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the County of \_\_\_\_\_ and state of Ohio. Before me appeared \_\_\_\_\_, who, being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized to execute the affidavit and did so as his/her free act.

“Signed before me in my presence”

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

**Seal Required**

## Frequently Asked Questions

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### **What is the difference between the Minority Business Enterprise (MBE) and the Encouraging Diversity, Growth and Equity (EDGE) programs?**

Both programs assist economically disadvantaged businesses. MBE certification is limited to members of four statutorily designated racial groups (African American, Asian, Hispanic and Native American). MBE procurement involves sheltered market or set-aside contracts in goods and services let by virtually all state agencies.

EDGE certification is open to any Ohio-based small business that has been certified as socially and economically disadvantaged. EDGE procurement does not involve sheltered markets or set aside contracts; however, EDGE applies to procurements of goods and services, professional services, information technology services, construction, architecture and engineering.

### **What are the basic requirements for MBE certification?**

The company must be owned and controlled at least 51 percent by an U.S. citizen(s) and resident(s) of Ohio, belonging to one of the following ethnic groups: African American, Asian, Hispanic or Native American. The firm must have been operational at least one year prior to applying for certification.

### **What are the basic requirements for EDGE certification?**

The company must be owned and controlled at least 51 percent by an U.S. citizen(s) and resident(s) of Ohio who demonstrates social and economical disadvantaged business status. The firm must have been operational at least one year prior to applying for certification. Socially disadvantaged individuals have been subject to societal prejudice or cultural bias because of their identities as members of groups, without regard to their individual qualities. Economically disadvantaged individuals are those whose personal net worth does not exceed program thresholds. Maximum personal net worth at program entry is \$250,000, ranging up to \$750,000 following program admission.

### **How long does it take to receive certification once a firm sends in the application packet?**

If an applicant meets the requirements and provides the necessary documentation, processing takes approximately 14 days. Incomplete packets will be considered inquiries until all required documentation has been received by the Equal Opportunity Division.

### **What does the certification process entail?**

- a. Complete an application (online applications are available at [www.mbe.ohio.gov](http://www.mbe.ohio.gov) and [www.edge.ohio.gov](http://www.edge.ohio.gov)).
- b. Provide supporting documentation based upon your business structure, including, but not limited to, tax records, proof of race for all minorities, proof of social disadvantage status, articles of incorporation, corporate by-laws, stock certificates, partnership agreements, resumes, etc.
- c. Only complete applications will be reviewed; inquiries will be returned.
- d. New applications and applications for recertification are subject to on-site review by state compliance officers.
- e. Upon application approval, the company receives an MBE and/or EDGE certification via email.

For additional information, contact the Equal Opportunity Division at 614.466.8380.