
Women Business Enterprise (WBE) Certification Application

Company Information

Company name: _____

FTID/EIN: _____

Physical address (Do not use P.O. Box.): _____

City: _____ State: _____ ZIP Code: _____ County: _____

Email address: _____

Website address: _____

Business phone: (____) ____ - ____ Business fax: (____) ____ - ____

Entity & Report Type

1. Select business structure:

- Sole Proprietor
- Limited Liability Company
- Corporation
- Partnership
- Joint Venture

2. Date current business structure established: __ / __ / ____

Business Information

3. Date business operations began: __ / __ / ____

4. Date ownership assumed by a woman: __ / __ / ____

5. Method of acquisition (check all that apply)

- Started new business
- Bought existing business
- Inherited business
- Other method of acquisition (please explain):

6. Does your business have a parent business or is your business venture?

Yes No

If yes, explain:

7. Does the business do business under another name (e.g., DBA or trade name)?

Yes No

If yes, explain:

8. Has your business ever done business under another name? Yes No

If yes, explain:

9. Is your business co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff with any other business or entity? Yes No

If yes, explain:

10. At present, or at any time in the past, has your business. If none are true, please indicate: N/A

- been a subsidiary of any other firm?
- consisted of a partnership in which one or more of the partners are other firms?
- owned any percentage of any other firm?
- had any subsidiaries?

11. Has the business or any of the owners or officers previously received or been denied federal or state certification, or certification from any other certifying authority? Yes No

If yes, describe the circumstances, indicate the name of the certifying authority, and the date of such certification or denial:

12. Has the business or any of the owners or officers previously been debarred or suspended from doing business by any federal, state, or any governmental agency? Yes No

If yes, describe the circumstances, indicate the name of the governmental authority, and the date of debarment or suspension:

13. Does your business rely on any other business for management or employee payroll functions? Yes No

If yes, explain:

14. Has the majority owner(s) ever been certified in the State of Ohio's Minority Business Enterprise (MBE); Encouraging Diversity, Growth, and Equity (EDGE); Women-owned Business Enterprise (WBE); or Veteran-friendly Business
-

Enterprise (VBE) program(s) under a different business name or FTID/EIN?

Yes No

If yes, name of business and FTID/EIN of business:

15. Indicate a procurement type for the business:

- Architecture and engineering
 Construction
 Goods and services
 Information technology services
 Professional services

16. Indicate a primary business type. **(Complete Attachment A)**

17. Provide detailed description of the business's product(s), service(s), or type of construction. If your business offers more than one product/service, list the primary products or service first:

Please note: Be very detailed as agencies use "keyword" searches to located businesses to make purchases.

18. Indicate the business gross receipts (as reported to IRS) and number of employees employed for the last three tax years. An employee is anyone who is full-time, part-time, or temporary:

Date Ending	___ / ___ / _____	___ / ___ / _____	___ / ___ / _____
Gross Receipts	\$ _____	\$ _____	\$ _____
# of Employees	_____	_____	_____

Contribution/Asset Details

19. List all contributions or transfers of assets to/from your business and to/from any of its owners over the past two years. If none exist, please indicate so here: N/A

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Date of Transfer
	\$ _____			___ / ___ / _____
	\$ _____			___ / ___ / _____
	\$ _____			___ / ___ / _____

20. List the three largest (in terms of money) contracts that the company has completed or acquired in the last fiscal year. If applicable, list one contract per quarter. If no contracts exist, please indicate so here: N/A

Contract Name or Number	Owner	Amount	Scope of Work
		\$	
		\$	
		\$	

Professional Licenses

21. List all required professional license(s). If none exist, please indicate so here:
 N/A

Name of Licensee/Permit Holder	Type of License/Permit	License Number	Issuing Governmental Agency	Expiration Date
				__ / __ / ____
				__ / __ / ____
				__ / __ / ____

Owner Information

22. List all owner(s) who have any interest in the business.

	Owner #1	Owner #2	Owner #3
	<i>Copy and attach additional pages, as necessary.</i>		
First name			
Last name			
Title			
Home address			
City			
State			
ZIP			
County			
Cell phone number			
Business related compensation	\$	\$	\$
# of shares/member units owned			
Percentage of ownership			
Race	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority
Ohio Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this owner perform management or supervisory function for any other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of			

business & title.			
Does this owner own or work for any other business that has a relationship with this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of business & title.			

Board of Directors

(This section is applicable ONLY if "Business Structure" = "Corporation.")

23. List members of the Board of Directors.

Name	Title	Last 4 digits of SSN#	Type of Appointment	Race	Sex
				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority	
				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority	
				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority	
				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority	

24. Do any of the persons listed above perform a management or supervisory function for any other business? Yes No

If yes, please list owner's name and list managerial or supervisory function conducted:

25. Name of business?

26. Business related compensation?

Principle Executive Officer Information

(This section is applicable ONLY if "Business Structure" = "Corporation.")

27. List members who are Principle Executive Officers of the company.

	Name & Title	Last 4 digits of SSN#	Type of Appointment	Race	Sex	Business related compensation
CEO				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority		\$
Vice President				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority		\$
Secretary				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority		\$
Treasurer				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority		\$

28. Do any of the persons listed above perform a management or supervisory function for any other business?

Yes No

If yes, individual and business name:

Independent Decision-Making Functions

29. List the individual who has independent decision-making and/or signature authority for each function listed below.

	Employee name	Reports to
Financial Decisions (lines of credit, surety bonding, supplies, etc.)		
Purchases of Major Items or Supplies		
Day-to-Day Operations		
Day-to-Day Administration		
Marketing and Sales Activities		
Hiring/Firing Management Personnel		
Hiring/Firing Field Personnel		
Determines Project Selection Estimating/Quoting		
Negotiates & Executes Contracts		
Supervision of Field Operations		
Business Checking Account		

(authorized to sign firm checks for any purpose)		
Payroll		
Contracts/Subcontracts		
Bonding		
Leasing Agreements		
Business Loans/Lines of Credit		
Any Other Agreements Binding the Business Fiscally and/or Contractually		

Owner's Attestation

I attest that I am the Majority Owner of this business and may make the following legally binding attestation.

The **Majority Owner is the only individual** who may submit this application and make this legal attestation.

First name of majority owner	
Last name of majority owner	
Title	
Email	

"The signatory swears that the foregoing statements are true and correct. The signatory further acknowledges and understands that any misrepresentation of myself or my company as owning, controlling, operating, or participating in a Women-owned Business Enterprise for the purpose of obtaining contracts, subcontracts, or any other benefit under section 123, 125 and 153 of the Revised Code shall be guilty of theft by deception as provided in sections 2913.02 of the Revised Code and such other provisions as may apply."

Send completed WBE Certification Application electronically to:

Ohio Department of Administrative Services
 Equal Opportunity Division
 c/o Business Certification and Compliance Unit
 Phone: 614-466-8380
 Fax: 614-728-5628
 Email: das-eod.bccu@das.ohio.gov

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Attachment A

Primary Business Type

Instruction:

Please chose **one** category to describe your company's main business purpose.

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

- | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> printing (graphic design) | <input type="checkbox"/> printing (off-set) |
| <input type="checkbox"/> printing (silk screen/other) | <input type="checkbox"/> public relations
(community/grassroots) |
| <input type="checkbox"/> radio broadcasting | <input type="checkbox"/> real estate (agent/appraisal) |
|
 | |
| <input type="checkbox"/> rental services (equipment) | <input type="checkbox"/> security services
(monitoring/armed &/or unarmed
guards/patrol/etc.) |
| <input type="checkbox"/> technical writing | <input type="checkbox"/> telecommunications
(fiber-optic/cabling/installation,
etc.) |
| <input type="checkbox"/> temporary staffing services | <input type="checkbox"/> testing services |
| <input type="checkbox"/> transportation services | <input type="checkbox"/> travel services |
| <input type="checkbox"/> vending services | <input type="checkbox"/> other _____ |



Mike DeWine, Governor
Matthew Damschroder, Director
Eric M. Seabrook, Deputy Director

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