

Specialized Application for Certification as a Minority/Women Business Enterprise

For use by Pennsylvania companies that hold current
MBE or WBE certification from:

Pennsylvania Unified Certification Program (PA UCP)
Minority Supplier Development Council (MSDC)
Women Business Enterprise National Council (WBENC)



pennsylvania
DEPARTMENT OF GENERAL SERVICES

Department of General Services
Bureau of Minority and Women Business Opportunities
North Office Building □ 401 North Street, Room 611 □ Harrisburg, PA 17120-0500

717-783-3119 □ FAX: 717-787-7052 □ gs-bmwbo@pa.gov
Website: www.dgs.state.pa.us.

THE BUREAU'S STATEMENTS OF POLICY ARE APPLICABLE TO ALL CERTIFICATION APPLICATIONS. PLEASE READ THE STATEMENTS OF POLICY. THEY CAN BE FOUND AT WWW.PORTAL.STATE.PA.US/PORTAL/SERVER.PT/COMMUNITY/FORMS___PUBLICATIONS/1532.

DEFINITIONS:

The following words and phrases serve as a guide to defining the Commonwealth's criteria for certification. For additional definitions, see the Statement of Policy.

Bureau – The Bureau of Minority and Women Business Opportunities.

Certification – A determination by the Bureau that a for-profit business entity is a Minority Business Enterprise (MBE) or Women Business Enterprise (WBE).

Department – The Department of General Services (DGS), Commonwealth of Pennsylvania.

Minorities – United States citizens who are Black Americans, Hispanic Americans, Native Americans, or Asian Americans as defined herein:

- African (Black) Americans. All persons having origins from any of the Black groups of Africa and all persons having origins in any of the original peoples of the Cape Verde Islands.
- Hispanic Americans. Persons having origins from any of the Spanish-speaking peoples of Mexico, Puerto Rico, Cuba, Central or South America, or the Caribbean Islands.
- Native Americans. Persons having origins from the original peoples of North America and who are recognized as Native Americans by a tribe or tribal organization.
- Asian Americans. All having origins from one or more of the original peoples of the

Far East, Southeast Asia including China, Japan, Korea, India, Pakistan and Bangladesh.

- Pacific Islanders. All persons having origins from one or more of the original peoples of the Pacific Islands, including Samoa and the Philippine Islands.

Minority Business Enterprise (MBE) – A for-profit business in which at least 51% of the beneficial ownership interest and control are held by a minority or minorities. In the case of a corporation, minorities must hold at least 51% of voting interest.

Minority & Women Business Enterprise (MWBE) – A for-profit business in which at least 51% of beneficial interest and control is held by minority women or by an equal combination of minorities and women. In the case of a corporation, women and minorities must also hold at least 51% of voting interest.

Women Business Enterprise (WBE) – A for-profit business in which at least 51% of beneficial interest and control is held by women. In the case of a corporation, women must also hold at least 51% of the voting interest.

INSTRUCTIONS:

THIS SPECIALIZED APPLICATION MAY ONLY BE USED BY BUSINESSES WITH HEADQUARTERS LOCATED IN PENNSYLVANIA.

To apply, complete the enclosed application and submit it along with the required documents, based on which organization's certification the company maintains. Send to: **Bureau of Minority and Women Business Opportunities, North Office Building, 401 North Street, Room 611, Harrisburg, PA 17120-0500.**

- Faxed or emailed applications will not be accepted.

- Please print (in ink) or type your response to each item.
- All items must be answered fully and all required documents are to be submitted. If all required information and documents are not submitted, or the application is deemed ineligible, your application will be classified by the Bureau as non-responsive or ineligible. Application materials will not be returned.
- Enter your responses in the spaces provided. For assistance, contact the Bureau at 717-783-3119 or by e-mail at gs-bmwbo@pa.gov.
- If an item does not apply to your business, please indicate “NA” (not applicable).
- Reference to documents filed with other parts of the Department, or agencies within the Commonwealth, is not adequate to verify eligibility.
- The certification application and copies of all documents must be readable.
- The completed application must be signed and notarized by the principal owner(s) of the firm seeking certification.
- Before sending your application to the Bureau, make a copy for your own records. Do not send originals of important personal and business documents.

Please read these instructions carefully before completing the application:

1a. Business Name(s), Contact Information, Federal Identification Number (EIN/SSN)

List the firm’s **legal name** on the first line. Important: If certification is approved, the company’s legal name must be used whenever conducting business with the Commonwealth, to assure that the firm is correctly identified as a certified MBE/WBE.

List the **street address** of the firm’s **headquarters** (not a P. O. box number or attorney’s address). Provide the firm’s

telephone and fax numbers, and e-mail address.

Provide the firm’s Federal Identification Number. If the firm has an EIN (Employer Identification Number), enter it here. If not, provide the primary owner’s SSN (Social Security Number).

Provide the firm’s Vendor Registration Number. To register for this number go to www.pasupplierportal.state.pa.us. Please note that the registration process will require the company to submit a completed W-9 form.

If the firm has a website, provide the address.

1b. Owner/applicant information

List the primary owner’s name, title within the firm, home address, and telephone number. The “primary” owner is the minority or woman owner who holds the largest percentage of ownership in the firm. If more than one owner fits this description, attach an additional sheet to list all appropriate owners.

2. Firm is applying as . . .

Do not complete this box before reading the Definitions portion of this application packet, especially “Minority,” “Minority Business Enterprise (MBE),” “Women Business Enterprise (WBE),” and “Minority & Women Business Enterprise (MWBE).” Choices refer to the ethnic/racial background and gender of the primary owner(s). More than one choice can be checked.

3. Products and/or services

List all products and/or services the firm presently provides. A catalog or inventory list can be used to both list and verify products. If more space is needed, attach additional sheets. Also provide verification in the form of manufacturers’ agreements, invoices, etc.

4. Type of business activity

Check the term that best describes the firm’s type of business. If “other” is checked, you must give a brief explanation.

SPECIALIZED CERTIFICATION APPLICATION

Department of General Services, Bureau of Minority and Women Business Opportunities
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PLEASE TYPE OR PRINT. ANSWER ALL QUESTIONS.

1a. Business name(s), contact information, and Tax Identification Number (EIN or SSN)

Legal name of firm: _____

Headquarter's address (cannot be a P.O. Box): _____

City: _____ County: _____ State: (PA Companies Only) Zip Code: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____ E-mail: _____

Federal Identification No. (EIN): _____ Website: _____

State Vendor Registration No.* _____ (This number is mandatory for certification.)

1b. Primary owner/applicant information

Name: _____ Title: _____

Home address: _____

_____ Zip code: _____ Phone: _____ - _____ - _____

Number of employees: Full time _____ Part time: _____

Type of business structure (i.e. LLC, S Corp, Sole Proprietorship, etc.): _____

Date firm was established: ___ / ___ / _____

Date current primary owner acquired controlling interest: ___ / ___ / _____

2. Your ethnicity is (see Definitions):

Minority Business Enterprise

- ___ African American
- ___ Hispanic American
- ___ Native American
- ___ Asian American
- ___ Pacific Islander

Woman Business Enterprise

- ___ African American
- ___ Hispanic American
- ___ Native American
- ___ Asian American
- ___ White American
- ___ Pacific Islander

3. Describe, in detail, what product(s) and/or services your business provides. Attach additional pages and/or the company's catalog or inventory list, if needed.

4. Type of business activity (supplies must provide manufacturer's sales agreements).

Builder Trade Manufacturer
 Consultant Supplier – Stocking (*attach summary of items stocked*)
 Generalized Service Supplier – Non-stocking
 Licensed Professional Svcs Other (*explain*) _____

5. Please list the gross receipts of the business during the last two years.

(A) Year Ending _____ Gross Receipts _____

(B) Year Ending _____ Gross Receipts _____

6. Has the business ever been denied certification by BMWBO? ____ Yes ____ No

If the business was previously denied by BMWBO, the business must submit a standard certification application (go to www.dgs.state.pa.us/bcabd).

7. Please indicate which organization the business is currently certified by:

PA UCP _____ MSDC _____ WBENC _____

Please note that this application is only applicable to PA businesses certified by the PA UCP, MSDC, or the WBENC.

* To register as a vendor with the Commonwealth of Pennsylvania and obtain your company's six-digit vendor registration number, go to www.pasupplierportal.state.pa.us. For questions concerning the vendor registration process call 1-877-435-7363 or 717-346-2676. Please note that the registration process will require the company to submit a completed W-9 form.

**Please note that if the business is successfully certified by the submission of this application, the BMWBO certification expiration date will run concurrent with the original certifying organization's expiration date.

Specialized Certification Application Documents

The following documents must be submitted with the application form:

Pennsylvania Unified Certification Program (PA UCP) certified companies, please submit the following:

1. Proof of U.S. citizenship
2. If the owners are minorities, please submit proof of minority status
3. Copies of the federal 941 tax forms filed for the two most recent quarters
4. Copy of the PA UCP certification letter listing the current reassessment date

Minority Supplier Development Council (MSDC) certified companies, please submit the following:

1. Copy of the current MSDC certificate & approval letter
2. Copies of the federal 941 tax forms filed for the two most recent quarters

Women Business Enterprise National Council (WBENC) certified companies, please submit the following:

1. Copy of the current WBENC certification & approval letter
2. Copies of the federal 941 tax forms filed for the two most recent quarters
3. Proof of U.S. citizenship

Specialized Certification Application Affidavit

The undersigned acknowledges that all submitted documents become the property of the Commonwealth of Pennsylvania.

Further, the undersigned does hereby swear and affirm that he/she is a legal citizen of the United States and that the foregoing statements and attachments are true, accurate and include all pertinent information necessary to identify and explain the operations of [name of firm]
_____.

Further, the undersigned does covenant and agree to provide the Pennsylvania Department of General Services information regarding actual work performed on Commonwealth of Pennsylvania contracts, the payment thereof, and any proposed changes in any of the arrangements hereinabove stated.

The undersigned shall permit an audit, which may include interview of principals, employees, and officers, and the examination of books, records and files of [name of firm]
_____ by authorized representatives of the Pennsylvania Department of General Services AT ANY TIME. Further, the undersigned hereby certifies that their tax records may be released by the Department of Revenue.

Any distortion, false statement, or nondisclosure of information will be deemed by the Department to be a material misrepresentation. A misrepresentation may be punishable under Section 4904 of Title 18 P.S.C.A., which specifically provides that a person commits a misdemeanor of the third degree if he makes a written false statement, which he does not believe to be true, on or pursuant to a form bearing notice authorized to the effect that false statements made therein are punishable.

In addition, Pennsylvania Act 230, Section 1, Title 18 provides that it is a third degree felony punishable by up to and not more than seven years in jail, and including a fine of not more than \$15,000 if, in the course of business, he/she fraudulently obtains or retains certification, willfully makes a false statement, willfully obstructs or impedes any agency official or employee during an investigation, or fraudulently obtains public monies.

LEGAL NAME OF FIRM

SIGNATURE OF AFFIANT DATE

PRINTED NAME

TITLE

NOTARY PUBLIC

Sworn and subscribed before me this _____
day of _____

My Commission Expires: _____