

ARRA

American Recovery and Reinvestment Act

Application and Instruction Guide for Certification as a Minority, Women, and Veteran Business Enterprise



pennsylvania

DEPARTMENT OF GENERAL SERVICES

Department of General Services
Bureau of Minority and Women Business Opportunities
611 North Office Building, Harrisburg, PA 17125

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

Important Information. Read carefully.

PLEASE NOTE:

- ✓ For businesses to be considered for certification, the majority owners must be U.S. citizens. Green cards cannot be used to qualify.
- ✓ An out-of-state company must first be certified in its home state before it can be considered for certification in PA. This must be a state-level certification, if available.
- ✓ There is no fee for processing your application. In addition, free assistance is available. If you have questions about the application or your company's qualifications, call 717-783-3119 or e-mail BMWBO at gs-bmwbo@state.pa.us.

Instructions for Preparing Your Application Packet

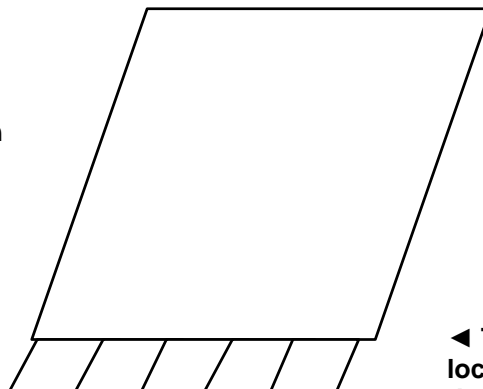
In addition to questions that must be answered, this application form lists documents that should accompany your completed application when you submit it to BMWBO. These documents are necessary for evaluating your application.

Small tabs should be attached to the bottom edge of documents or to sheets of paper separating each section of similar documents. The tabs can be attached with tape or inserted into plastic tab holders available at any office supply store.

Typed or hand-printed on each tab should be a word or two describing that document or set of documents. The documents should be arranged in the order they are requested on the application form. Each tab should be easy to read when the packet is closed. This will facilitate our review of your application.

If you cannot provide a particular document that is requested, we recommend inserting a sheet of paper at the place in your application packet where the document would normally be located. Use the sheet to briefly explain why the document is not included.

**Certification
Application
with
documentation
attached**



**◀ Tabs indicate the
location of similar
documents (taxes,
resumes, bylaws, etc.)**



pennsylvania
DEPARTMENT OF GENERAL SERVICES

Dear Business Owner:

The Department of General Services (DGS) is pleased to provide the Commonwealth of Pennsylvania's application for certification as a Minority Business Enterprise (MBE), Women Business Enterprise (WBE), or Veteran Owned Business Enterprise (VOBE).

Free training in state contracting and purchasing is available from BMWBO. For our current workshop schedule, go to www.dgs.state.pa.us/bcabd/ical/calendar_v4.asp.

If you do not have Internet access or need assistance completing your certification application, please call us at 717-783-3119. In Western Pennsylvania, call 412-442-5872, and in Eastern Pennsylvania, call 215-965-1105. Or direct your inquiries by email to gs-bmwbo@state.pa.us.

Best wishes in your business endeavors.

Sincerely,

Kathryn Waters-Perez, Esq.
Director, Bureau of Minority and Women Business Opportunities (BMWBO)

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), Women Business Enterprise (WBE), Veteran Owned Business Enterprise (VOBE), or Service Disabled Veteran Owned Business (SDV).

Control – The authority to determine the direction of a business, including but not limited to capital investments and all other financial transactions; property acquisitions; contract negotiations; legal matters; selection and hiring of officers, directors, and employees; operating responsibility; cost-control; income and dividend matters; and the rights of other shareholders or partners.

This control must be real, substantial, and continuing. Control includes the power to direct, or cause the direction of, the management and policies of the business and to make the day-to-day decisions as well as major decisions concerning policy, management, and operations.

Control will be exemplified by possession of the requisite knowledge and expertise to run the particular business.

Control will not be deemed to exist in cases of simple majority or absentee ownership, or when a non-minority/non-female owner or employee of the firm is disproportionately responsible for its operation.

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.** All 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

Veteran – A person who is a United States citizen who served on active duty with the U.S. Army, Air Force, Navy, Marines, or Coast guard for any length of time and at any place and who was discharged or released under conditions other than dishonorable. Reservists or members of the National Guard called to Federal activity or disabled from a disease or injury incurred or aggravated in the line of duty or while in training status also qualify as a veteran.

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.

Prime Contractor – A company that provides goods and/or services directly to the State.

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.

Veteran Owned Business Enterprise (VOBE) – A for-profit business in which at least 51% of beneficial interest and control is held by a veteran. In the case of a corporation, veterans must hold at least 51% of the voting interest.

Service Disabled Veteran Owned Business (SDV) – A for-profit business in which at least 51% of beneficial interest and control is held by a person under the laws of the U.S. Department of Veteran's Affairs for a disability rated at less than 30% and who is not classified as a Special Disabled Veteran, or a person who was discharged or released from active duty because of a service connected disability.

Instruction Guide

Firms seeking MBE, WBE, VOB, and SDV certification must complete the enclosed application and submit it with required documentation, to:

**Bureau of Minority and Women
Business Opportunities**
611 North Office Building
Harrisburg, PA 17125.

- **Faxed or emailed applications will not be accepted.**
- **Please print (in ink) or type your response to each item.**
- Enter your responses in the spaces provided. If more space is needed, attach additional sheets. If you need assistance, contact the Bureau at 717-783-3119 or by e-mail at gs-bmwo@state.pa.us.
- 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. Copies of required documents must be provided in the tabbed section of the application.
- The certification application and copies of all documents must be readable.
- 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 ineligible, your application will be classified by the Bureau as non-responsive or ineligible. Application materials will not be returned.
- **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.

Within sixty (60) days, the applicant will be contacted regarding the status of the application. Application processing time will be determined by the completeness of the application. Make sure all

questions are answered and copies of all required documents are submitted.

After the application is received, a complete review is conducted. An on-site visit to the firm may be conducted, if deemed necessary.

After review, the application is presented before the Bureau's Certification Review Board. If the Board approves the application, a certificate and certification number are issued. If the application is denied, the firm will receive a letter outlining the Bureau's reason(s) for denial.

Certification entitles a firm to recognition by state agencies as a Minority and/or Women Business Enterprise (MBE/WBE), Veteran Owned Business Enterprise (VOBE), or a Service Disabled Veteran Owned Business Enterprise (SDV). Only certified firms are included in the database used by state agencies to identify MBEs, WBEs, VOBs, and SDVs. The Bureau also refers names of certified firms to city, county, and local governments, and to contractors bidding on state contracts.

Certification does not guarantee that a firm will receive state contracts. Certified firms are urged to actively seek contracting opportunities and to market their goods and services to the Commonwealth. For information on free state contracting workshops for small businesses, contact the Bureau at 717-783-3119 or by e-mail at gs-bmwo@state.pa.us.

◆ ◆ ◆

Please read these instructions carefully before completing the application:

1a – 1b. American Recovery and Reinvestment Act.

Check the box if the firm is applying for certification due to an ARRA project and list the project.

2a – 2b. Veteran Owned Business Enterprise (VOBE) or Service Disabled Veteran Owned Business (SDV).

Check the box if the firm is applying for certification as a VOB or SDV.

3a. Information on applicant business.

List the firm's **legal name** on the first line. Only the firm's legal name can be used. If certification is approved, the firm's legal name must be used whenever it conducts business with the Commonwealth, to assure that it is correctly identified as a certified MBE/WBE.

List the **street address** of the firm's **headquarters** (not a post office box number or attorney's address).

Provide the firm's **telephone and fax** numbers, and **e-mail** address. If the firm has a **website**, please provide the address.

Provide the **Federal Identification Number** for the company. 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 company's **PA State Vendor Registration Number**. To register, go to www.pasupplierportal.state.pa.us. For questions concerning the vendor registration process, call 1-877-435-7363 or 717-346-2676.

3b. Information on primary owner

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.

4. Firm is applying as . . .

Do not complete this box until you read the Definitions portion of this application packet, especially the definitions for "Minority," "Veteran," "Minority Business Enterprise (MBE)," "Women Business Enterprise (WBE)," and "Minority & Women Business Enterprise (MWBE)," "Veteran Owned Business Enterprise (VOBE)," and "Service Disabled Veteran Owned Business Enterprise (SDV)." Choices refer to the ethnic/racial background, gender, and veteran status of the primary owner(s). In some cases, more than one choice will be checked.

5. Attorney or law firm

List the name, address, telephone and fax numbers, and e-mail address of firm's attorney or law firm. If the firm is not represented by an attorney or law firm, mark "none."

6. 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.

7. Legal structure of firm

Check the term that best describes the firm's legal structure. If "other" is checked, you must give a brief explanation.

8. 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.

9. Date firm was established and name of primary owner when firm was established

List the firm's original starting date and owner.

10. Date current primary owner acquired controlling interest in the firm.

List date on which applicant(s) purchased, established, or otherwise acquired ownership.

11. Date incorporated.

Only required from incorporated businesses.

12. Dates of corporation amendments.

Only required from incorporated businesses. Include all amendments.

13. Number of employees.

Include owners and officers if they also function as employees and are involved in day-to-day company operations. Do not include absentee owners, silent partners, or owners who are investors only.

Do not include employees contracted out to other employers, such as agency placements.

14. Information on owners, directors, officers, and senior management.

List the name, address, position in firm, dates of employed and whether the person is minority or a woman for each owner, corporate director officer and senior management.

15. Affiliations

List all owners, directors, officers, and senior management persons (see response to question 14) who are affiliated, in any way, with other companies. Describe their affiliation and the number of hours, weekly, they devote to the other firm.

16a & 16b. Stock/Shareholder information

Applies to corporations and LLCs that issue stock. Provide all requested information. Explain fully.

17. Loans and gifts to firm

List full names of individuals or firms from which the business has obtained loans or received gifts. List the dates and amounts.

18. Bonding firms, banks, letters of credit

List the name of each applicable bonding and/or financial institution.

19a-19d. Functions within the business

Provide the full name and title of the individual(s) performing each function. If a function is shared by two or more people, indicate the approximate percentage of the function that each person performs.

20. Ownership by another company

Provide complete details. Attach additional page(s) to the completed application form, if needed.

23. Largest contracts or sales

List the three largest contracts or sales performed by the company. Provide requested information. If company is just starting up, write "none."

24. Major equipment

List all major equipment owned/leased for use in conducting the firm's business.

25. Agreements

Explain any agreements relating to the firm's ownership and/or operation, in detail, on a separate sheet of paper.

26. Business plan

Attach a copy of the firm's business plan, if one has been prepared.

Companies in business for less than one year must attach a 2-year business plan that has been reviewed by a Small Business Development Center (SBDC). For a list of SBDCs, visit their website at www.pasbdc.org.

27. Other MBE/WBE certifications

List all MBE/WBE certifications your firm has received from other agencies. Provide the name of each certifying agency and verification, such as a copy of your certificate.

28. Certification denials

List all agencies that have denied certification to this company or to any other company owned, in full or part, by any of this company's owners and/or officers. Explain each denial.

29. Debarment

Indicate if this company, or any other company owned in full or part by any of this company's owners and/or officers is currently debarred from doing business with the Commonwealth.

CERTIFICATION APPLICATION

Department of General Services, Bureau of Minority and Women Business Opportunities
611 North Office Building, Harrisburg, PA 17125

PLEASE TYPE OR PRINT. ANSWER ALL QUESTIONS.

1a. American Recovery and Reinvestment Act (ARRA)

If applying for certification due to ARRA projects, please check here:

1b. Please identify or list specific ARRA project for which certification is needed: _____

2a. Veteran Owned Business Enterprise (VOBE) or Service disabled Veteran Owned Business Enterprise (SDV)

If applying for certification as a Veteran Owned Business Enterprise (VOBE) or Service Disabled Veteran Owned Business Enterprise (SDV), please check here: VOBE SDV

2b. If a veteran, please attach your completed DD Form 214.

3a. Information on Applicant Business (one business per application only)

Legal name of firm: _____

Headquarters address (cannot be a P.O. Box): _____

City: _____ County: _____ State: _____ Zip code: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____ Owner's E-mail address: _____

Federal Identification # (EIN): _____ Website address: _____

PA State Vendor Registration #: _____ (Registration is mandatory. To register as a vendor and to obtain a 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 vendor registration process will require the company to submit a completed W-9 form.)

3b. Information on Primary Owner of Business

Name: _____ Title: _____

Home address: _____

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

4. Firm is applying as (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

Veteran Owned Business Enterprise

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

5. Firm's attorney or law firm (if any):

Name: _____

Address: _____

_____ Zip code: _____

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

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

7. Legal structure of the firm (check one):

- Sole proprietorship LLC
 Partnership S Corporation
 Corporation

8. Type of business activity *(suppliers must provide manufacturers' resale agreements):*

- Building trade Manufacturer
 Consultant Supplier – stocking (attach summary of items stocked)
 Generalized service Supplier - nonstocking
 Licensed professional services Other (explain): _____

9. Date firm was established: ___/___/___

Date firm began doing business (date of first contract or sale): ___/___/___

Name of primary owner when firm was established _____

10. Date current primary owner acquired controlling interest in firm: ___/___/___

11. Date incorporated, if firm is a corporation: ___/___/___

12. Dates of corporation amendments, if firm is a corporation: ___/___/___; ___/___/___; ___/___/___

13. Number of employees *(Important: read Instructions):*

- Full time: _____
 Part time: _____
 Seasonal (approximate): _____

14. Provide the following information for: 1) all business owners, 2) corporate directors (if incorporated), 3) officers, and 4) senior management. If more space is needed, attach additional pages.

| Name | Address | Position in Firm | Minority, Woman, or Veteran? | Dates Employed |
|------|---------|------------------|------------------------------|----------------|
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15. If any of the persons listed in question 12, above, are affiliated with other firms, provide these details:

| Name | Name of Other Firm | Type of Affiliation (employee, owner, etc.) | # Hours Devoted to Other Firm |
|------|--------------------|--|----------------------------------|
| | | | |
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| | | | |
| | | | |
| | | | |

16a. Has the firm issued any shares of stock? If yes, please complete the following:

The company has issued ____ shares of stock, of which ____ shares are common stock and ____ are preferred stock.

16b. Shareholder information, if incorporated. Include all shareholders. Attach additional pages if needed.

| Name | Date of Ownership | Minority, Woman, or Veteran? | Position in Firm | Class of Stock | # Shares Held (currently) | Value of Stock (currently) |
|------|----------------------|------------------------------------|---------------------|-------------------|---------------------------------|----------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

17. Loans and gifts to firm. Attach additional sheets, if needed.

| Date of Loan or Gift | Name of Lender/Giftor | Amount Loaned or Given | Balance Due (if a loan) | Name of Executor (if a loan) |
|-------------------------|--------------------------|---------------------------|----------------------------|---------------------------------|
| | | | | |
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| | | | | |

18. Identify the firm's current bonding company, bank, and all letters of credit:

Bonding company: _____
 Bank: _____
 Letters of credit: _____

19a. List name and title of person(s) who determines what jobs the company will undertake? If more than one, indicate what % each person handles.

19b. List name and title of person(s) responsible for on-site project supervision. If more than one, indicate what % each person handles.

19c. List name and title of person(s) who negotiates and signs for surety bonds, payroll, and insurance? If more than one, indicate what % each person handles.

Bonds: _____

Payroll: _____

Insurance: _____

19d. List names and titles of persons who perform the following functions. If more than one, indicate what % each person handles.

Estimating: _____

Marketing & sales: _____

Hiring/firing: _____

Purchase of major items: _____

20. If the firm is owned in full or part by another company, provide the name of that company, the percentage of ownership, its headquarters address, a list of its officers, and a list of other companies it owns.

21. Have the owners ever been convicted of a crime? ___ No; ___ Yes.

If yes, are they currently incarcerated? ___ No; ___ Yes.

22. Are there any legal documents in which the owners have transferred their power to someone else (e.g. power of attorney, trusts, etc.)? ___ No; ___ Yes.

If yes, please provide a copy of these signed agreements.

23. List the three largest contracts or sales completed by the firm during the last three years. List each customer's name and company or organization, the dollar amount of each contract or sale, and the date completed. If any are subcontracts, provide the name of the firm to which you subcontracted.

1) _____

2) _____

3) _____

24. Does the firm own any major equipment (check one)? ___No; ___Yes

If yes, list major equipment owned by the firm and the quantity. It is not necessary to list standard office equipment. Attach additional sheets, if necessary.

25. Are there any written, oral, or implied agreements between persons associated in any manner with the firm concerning its ownership and/or operation (check one)? ___No; ___Yes

If yes, provide copies or written details of such agreements.

26. Does firm have a 2-year business plan (check one)? ___No; ___Yes.

If yes, attach a copy to application. (*See Instructions.*)

27. Does this firm currently hold MBE, WBE, or VOB certification from any certifying entity? ___No; ___Yes

If yes, provide the name(s) of the certifying organization(s), below, and attach letters or other documents verifying such certification.

28. Has this firm or other firm(s) owned by any of its current owners or officers ever been denied certification by the Bureau or any other certifying entity (check one)? ___No; ___Yes

If yes, provide the name of the certifying organization and the reason(s) given for denial, below. Attach copies of any relevant documents (letters, appeal documents, etc.).

29. Debarment

Is this company, or any other company owned in full or part by any of this company's owners and/or officers, currently debarred from doing business with the Commonwealth. ___No; ___Yes.

IMPORTANT INFORMATION

Please read carefully

The next page of the application is an affidavit attesting to the application's accuracy. This affidavit must be signed by the primary owner(s) of the applicant company. It must also be notarized. Without this signed and notarized page, the application cannot be processed.

Following the affidavit is a list of documents that must be provided with your application. Please read the instructions at the top of the chart.

Some documents on the list may not be available or may not apply to your company. If this occurs, please explain. We suggest inserting a sheet of paper in the application packet, at the place where the document would normally appear. Use the paper to explain why the requested document has not been provided.

The documents provided will not be returned to you. Do not send originals of important personal or business documents.

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 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.

SIGNATURE OF AFFIANT DATE

PRINTED NAME

TITLE

NOTARY PUBLIC

Sworn and subscribed before me this _____
day of _____

My Commission Expires: _____

DOCUMENTS TO ATTACH TO YOUR APPLICATION

Important Information – Read carefully

Documentation must be submitted with your application. Find the column for your type of business. “YES” indicates that a document is required. A blank means the document is not required. An asterisk (*) indicates that the document is required **if** the business has issued stock.

Some required documents on the list may not be available or may not apply to your company. If this occurs, please explain. We suggest inserting a sheet of paper in the application packet, at the place where the document would appear. Use the paper to give a brief explanation of why the requested document has not been provided.

The documents provided will not be returned. Do not send originals of important personal or business documents.

| DOCUMENTS TO ATTACH TO YOUR APPLICATION | SOLE PROP. | PART-NERSHIP | CORP./S CORP. | LLC |
|--|------------|--------------|---------------|-----|
| Vendor Registration Number. Please note that this is mandatory for certification. To register for this number, go to www.pasupplierportal.state.pa.us . Also, note that you will be required to submit W-9 forms as part of the vendor registration process. | YES | YES | YES | YES |
| Last two years of the company’s Federal tax returns (returns must show officers’ salaries and dividends (if a corporation), salaries, and distribution of profits to owners and senior management). | YES | YES | YES | YES |
| Copy of the company’s Federal tax form 941 filed for the two most recent quarters. | YES | YES | YES | YES |
| Last two years’ W2 and/or 1099 forms for all owners, directors, officers, and senior management. | YES | YES | YES | YES |
| Resumes of all owners, directors, officers, and senior management. Must be up-to-date, chronological and detailed . Should reflect experience and/or training in the type(s) of business being conducted. | YES | YES | YES | YES |
| Copies of any relevant licenses, certificates of training, and degrees held by the company or its owners/employees. | YES | YES | YES | YES |
| Copy of the Articles of Incorporation. | | | YES | |
| Copy of stock certificates and stock transfer ledger. | | | YES | * |
| Copy of Corporation By-Laws. | | | YES | |
| Copy of the record/minutes of first corporate organization meeting. | | | YES | |
| Copy of minutes from the stockholder meeting at which the current board of directors was elected. | | | YES | |
| Copy of Certificate of Organization. | | | | YES |
| Copy of Operating Agreement. | | | | YES |
| Copies of Partnership Agreement, buy-out rights, and profit-sharing | | YES | | |
| Copies of all rental or lease agreements and/or management service agreements (e.g., office space, equipment, car rental, etc.). Copy of deed or lease, if operating business out of home. | YES | YES | YES | YES |

IMPORTANT: LIST CONTINUES ON NEXT PAGE.

DOCUMENTS TO ATTACH TO YOUR APPLICATION
Part 2

| | SOLE PROP. | PART-NERSHIP | CORP./ S CORP. | LLC |
|---|------------|--------------|----------------|------|
| Copies of any signed financial documents relating to loans for the business. | YES | YES | YES | YES |
| Copy of the initial form(s) signed when the company's bank accounts were opened, showing who is authorized to write checks or transact other banking business. | YES | YES | YES | YES |
| Explanation and proof of how primary owner(s) financed the establishment or purchase of the business (i.e., how it was capitalized). If ownership was obtained by other means (inheritance, gift, etc.) explain and provide proof. | YES | YES | YES | YES |
| Copies of three recent contracts or client invoices (invoices given to clients). If the business is a supplier, provide manufacturer's agreements or invoices for products sold. | YES | YES | YES | YES |
| Copy of MBE/WBE certification from home state, if company headquarters are not in Pennsylvania (must be a state level certification, if available). | YES | YES | YES | YES |
| Copy of one of the following proofs of citizenship, whichever applies: certificate of US citizenship, certificate of naturalization, birth certificate, passport, or tribal card. | YES | YES | YES | YES |
| Copy of two-year business plan. IMPORTANT: Companies that have been conducting business (i.e. actually engaging in contracts or sales) for less than one year must provide a two-year business plan that has been reviewed by a Small Business Development Center (SBDC). A letter from the SBDC, attesting to the review, must be provided. To locate a Pennsylvania SBDC go to www.pasbdc.org . | YES | YES | YES | YES |
| Companies conducting business for more than one year are asked to submit their business plan if they have one. Otherwise, a business plan is not required. | YES | YES | YES | YES |
| Copy of company's Fictitious Name Registry. (To register a fictitious name, go to www.dos.state.pa.us/corps .) | YES | | | |
| The following documents should be included <u>if</u> they contain stipulations that are not contained in the documents listed above and on the previous page: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Stock options</p> <p>Ownership options</p> <p>Stockholder agreements</p> <p>Buy-out rights</p> <p>Stockholder voting rights</p> </div> <div style="width: 45%;"> <p>Restrictions on disposal of stock</p> <p>Loan agreements</p> <p>Information on value of shares</p> <p>Ownership of voting securities</p> <p>Control of trust</p> </div> </div> | YES* | YES* | YES* | YES* |

* If applicable