



**Leon County School Board  
Small Business Enterprise Department**

Mail to:  
SBE Department  
3420 West Tharpe Street, Suite 100  
Tallahassee, Florida 32303-1154

## **Small Business Enterprise Certification/Re-Certification Application**

**INSTRUCTIONS:** Please complete this form in its entirety. If a question does not apply to your business, mark "N/A" in the space provided. If you do not have sufficient space to answer a question completely, attach additional sheets as necessary and reference the appropriate section. Unanswered questions may be grounds for certification denial. The following information is provided to assist you with the completion of this application.

### **Certification Eligibility Criteria:**

1. Applicant owner(s) must reside and the business must currently be located in Leon, Gadsden, Jefferson or Wakulla Counties (Local Market Area), Florida, for at least six (6) months.
2. Applicant owner(s) must be a United States Citizen or lawfully admitted permanent resident of the United States.
3. Applicant owner(s) business must be a for-profit business legally structured either as a corporation, organized under the laws of Florida, a partnership; sole proprietorship; limited liability or other business or professional entity as required by Florida Law.
4. Applicant owner(s) business must be an independent firm and not an affiliate, front, facade, broker, or pass through.
5. Applicant owner(s) business must be currently licensed as required by local, state, and federal law; and must be engaging in commercial transactions typical of the field, with customers in the local market area other than state or government agencies, for each specialty area in which Certification is sought. If a supplier, the business must be making sales regularly from goods maintained in stock.
6. Applicant owner(s) business annual gross receipts on average, over the immediately preceding three-year period, shall not exceed (\$5,000,000/year). Your gross receipt documentation must be signed by the preparer.
7. Applicant owner(s) business must employ (200) or fewer full- or part-time employees, including leased employees.
8. LCSB will conduct a Level II background check in accordance with the (Jessica Lunsford Act).

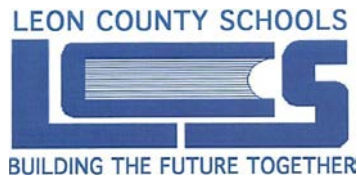
Please complete in full and attach the following supporting documentation: proof of residence, area of expertise, occupational/business/professional license(s), business insurance certificate, and last three years' income tax returns or three years of financial statements, prepared by Certified Public Accountant. Attached affidavit must be signed and notarized. Unanswered questions may be reason for denial.

**NOTE:** If SBE Certification is current with OEVS's MWSBE Department and/or State of Florida, OSD; provide current copy of certificate and one (1) year (latest) of tax returns or certified financial statements.

**NOTE: FOR RE-CERTIFICATION ONLY:** Please provide one (1) year (latest) of tax return or certified financial statements, prepared by licensed Certified Public Accountant. Re-Certification will be allowed up to three (3) months after expiration of current certification. If your expiration exceeds three (3) months, you will need to submit a new certification application and the required support documentation.

### **Advantages of Certification:**

- Reciprocal certification with Office of Economic Vitality, MWSBE Office and State of Florida, Office of Supplier Diversity
- Businesses will receive additional consideration on Professional Services selections for request for qualification construction related projects.
- Businesses will be listed in the Leon County School Board (LCSB) SBE Directory, which is sent throughout the District to School Principals and District Administrators. The Directory is available on the LCSB Small Business Enterprise Department web page: (<https://www.leonschools.net/Domain/242>) and shared with all local government agencies and local chambers.
- Businesses will have the opportunity to bid on contracts and receive preference points when competitive bidding is done against a business whose main office is not located within the local market area.
- Businesses will have access to workshops and seminars sponsored by the Small Business Enterprise Department and other local agencies and economic development entities.
- In our current Purchasing policy where three (3) quotes are required for good or services, less than the \$50,000 bid threshold, one (1) quote must be from certified SBE Vendor. If these goods and services are offered by an SBE Vendor.



# SMALL BUSINESS ENTERPRISE CERTIFICATION/ RE-CERTIFICATION APPLICATION

**3420 WEST THARPE STREET, SUITE 100  
TALLAHASSEE, FLORIDA 32303-1154  
TELEPHONE: 850.617-1800 FAX: 850.617.1790**

## Section 1: GENERAL INFORMATION

### A. Contact Information

Legal Name of Firm:		Owner Name and Title:		
Phone #:	Cell Phone #:		Other Contact #:	
E-mail:		Website:		
Street address of firm ( <i>no P.O. Box</i> ):	City:	County:	State:	Zip:
Mailing address of firm ( <i>if different</i> ):	City:	County:	State:	Zip:

### B. Business Profile

Describe the primary activities of your firm:		Federal Tax ID ( <i>if any</i> ):
This firm was established on: ____/____/____		
Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>STOP!</b> <i>If your firm is <u>NOT</u> for profit, then you do <u>NOT</u> qualify for this program and you do <u>NOT</u> need to fill out this application.</i>
Type of firm ( <i>check all that apply</i> ):	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture	
<input type="checkbox"/> <b>Other</b> , describe: _____		
Number of employees: Full-time _____ Part-time _____ Total _____		
Specify the gross receipts of the firm for the last three years:		
		Year _____ Total receipts \$ _____
		Year _____ Total receipts \$ _____
		Year _____ Total receipts \$ _____

**NOTE:** To qualify as a SBE, you must submit copies of your business tax returns and all related schedules for the last three years or certified financial statements, prepared by licensed Certified Public Accountant. If submitting tax returns, the corresponding tax forms are:

- **Sole Proprietorship:**    **Form 1040 and Schedule C**
- **Corporation:**    **Form 1120 and Form 1040**
- **Partnership:**    **Form 1065 and Form 1040**

## Section 2: CERTIFICATION INFORMATION

### A. SBE Certification Program

Has your company been certified by other SBE programs? If yes, please provide copy of certification

☐ No ☐ Yes, on \_\_\_\_/\_\_\_\_/\_\_\_\_ Agency Name: \_\_\_\_\_

### B. Prior/Other Applications

Has your firm (*under any name*) or any of its owners, ever withdrawn an application for any SBE program or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency or federal entity?

☐ Yes, on \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ No

If yes, identify state and name of state, local, or federal agency and explain the nature of the action:

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

### C. Ownership (If Applicable)

Identify all individuals or holding companies with any ownership interest in your firm of 5% or more, providing the information requested below (*if more than four owners, attach a separate sheet listing each additional owner*):

Name	Years of Ownership	Ownership Percentage	Voting Percentage

### D. Relationships with Other Businesses (If Applicable)

At present, or at any time within the past five years, has your firm:	(1) Been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(2) Consisted of a partnership with other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(3) Owned any percentage of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(4) Had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any other firm had an ownership interest in your firm at present or at any time in the past? ☐ Yes ☐ No

If you answered "Yes" to any of the questions in section D, identify the following for each (*attach additional sheet, if needed*):

Name Address Type of Business

1. \_\_\_\_\_  
2. \_\_\_\_\_

### E. List the three largest active or completed projects in the past three years, if any:

Company	Contact Name	Phone #	Type of Work Performed	Dollar Value of Contract
1.				
2.				
3.				

### F. Check Appropriate Status (*used only for statistical purposes*):

- |   |  |
|---|--|
| <input type="checkbox"/> African/Black American | <input type="checkbox"/> Native American/Indian American Aleut |
| <input type="checkbox"/> Asian American         | <input type="checkbox"/> Nonminority Woman                     |
| <input type="checkbox"/> Hispanic American      | <input type="checkbox"/> Nonminority Male                      |

## **AFFIDAVIT OF CERTIFICATION**

***This form must be signed and notarized by one owner of the business.***

**ANY MATERIAL, FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDING, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSANT TO APPLICABLE FEDERAL AND STATE LAW.**

I, \_\_\_\_\_ (*full name printed*), swear or affirm under penalty of law that I am \_\_\_\_\_ (*title*) of applicant firm \_\_\_\_\_ (*firm name*) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities, and size standards of the named firm as well as affiliations.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by the Leon County School Board (LCSB). I understand that LCSB may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize LCSB to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to LCSB audit, examination and review of books, records, documents, and files in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquires shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the District, recipient agency, or federal funding agency on an ongoing basis, current complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change (*e.g., ownership, address, telephone number, etc.*).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud, or other applicable offenses.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on: \_\_\_\_\_  
(Date)

Printed Name: \_\_\_\_\_  
(SBE Applicant)

Signature: \_\_\_\_\_  
(SBE Applicant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me via ☐ physical presence OR ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_  
(Date) (Month) (Year)

Personally known \_\_\_\_\_ OR Produced identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_

NOTARY NAME HERE, Notary Public

My Commission Expires: