



CITY OF BEAUMONT

APPLICATION FOR CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE (MBE)



This application is used to request the City of Beaumont's certification as a Minority Business Enterprise (MBE).

Mail completed form to: City of Beaumont
MBE Program
Purchasing Division
P. O. Box 3827
Beaumont, TX 77704-3827

or it may be delivered to: City Hall, 801 Main St., Suite 315, Beaumont, Texas.

For additional information, you may call the City of Beaumont's Purchasing Division at (409) 880-3720.

Instructions

Complete each item on this application. If an item is not applicable, enter "n/a" as a response. Applications that are incomplete, not signed, or notarized may be returned, thus delaying the MBE Program's review of your application.

Other Certification

If you are currently certified through the State of Texas as a Historically Underutilized Business (HUB) you are not required to complete this application. However, to ensure that you are listed in the City of Beaumont's MBE directory, it is recommended that you complete items 1 through 8 and submit a copy of your HUB certification with this application.

1. Federal Employer's Identification Number (EIN):

Provide the 9-digit EIN assigned to you for the purpose of filing your business' federal income tax returns with the Internal Revenue Services (IRS). Attached is a W-9 Request for Taxpayer Identification Number and Certification. This must be completed and returned with your application.

2. Business Structure - Check the appropriate box that identifies your business structure.

- checkbox Sole Proprietorship
checkbox Partnership
checkbox Corporation
checkbox Joint Venture
checkbox Limited (Liability) Partnership
checkbox Limited (Liability) Company

If Sole Proprietorship, provide copy of assumed name certificate and State license, if applicable.
If Partnership, provide copy of partnership agreement, assumed name certificate, and State license, if applicable.
If Corporation, provide copy of articles of incorporation, by-laws, board of directors, assumed name certificate, and State license, if applicable.
If Joint Venture, provide copy of joint venture agreement, assumed name certificate, and State license, if applicable.

3. Business Name, Mailing Address and Physical Address Information - Include physical address, if different from mailing address.

Business Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____ County _____

Physical Address: _____

City: _____ State _____ Zip _____ County _____

4. **Internet Web Page/URL Address (if applicable):** _____

5. **E-Mail Address (if applicable):** _____

6. **Business Phone No.:** () _____ **Business Fax No.:** () _____

Cell Phone No.: () _____ **Pager No.:** () _____

7. **Business Category Description:** Check the box (only one) that best identifies the services provided by your business and is the primary source of gross revenue receipts for your business.

- | | |
|---|---|
| <input type="checkbox"/> (01) - Heavy Construction other than Building Construction | <input type="checkbox"/> (05) - Architectural / Engineering and Surveying |
| <input type="checkbox"/> (02) - Building Construction, including General Contractors & Operative Builders | <input type="checkbox"/> (06) - Other Services including Legal Services |
| <input type="checkbox"/> (03) - Special Trade Construction | <input type="checkbox"/> (07) - Commodities Wholesaler / Reseller |
| <input type="checkbox"/> (04) - Financial and Accounting Services | <input type="checkbox"/> (08) - Commodities Manufacturer |
| | <input type="checkbox"/> (09) - Medical Services |

Principal Line of Business - Provide a brief description of the products and/or services provided by your business.

8. **Year Business Established:** _____

9. **Ownership** - Provide the name, title, 9-digit Social Security Number (SSN) or Federal EIN, and percentage of ownership interest of all individuals and business entities having an ownership interest in your business.

Identify each individual's ethnicity by using the following **Ethnic Group Codes:**

- | | |
|-------------------------------------|--------------------------------|
| AS - Asian-Indian Americans | HI - Hispanic Americans |
| AP - Asian-Pacific Americans | AI - Native Americans |
| BL - Black Americans | WO - American Woman |

Identify each individual's gender by using the following **Gender Code:** Female - "F" OR Male - "M".

Based on a 40-hour work week, identify the number of hours each owner is present at the business' physical address during the regularly established business hours, actively participating in the daily activities of the business operations.

Name (First, MI, Last)	Title	EIN or SSN	% of Ownership	Ethnicity / Gender	No. of Hours

10. **Business Responsibilities** - Provide the name and title of the individual(s) ultimately responsible for the functions identified below.

Functions	Name (First, Last)	Title
Negotiate and Sign Financial Contracts		
Supervision of Day-to-Day Operations		

11. Required Documentation to Substantiate MBE Eligibility (DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION.) - As part of the submission of your completed MBE certification application, you are required to submit copies of documentation to substantiate that your business meets the MBE eligibility.

12. Affidavit of Eligibility - As evidence of my signature below, I attest that the business entity identified above in Item 3 meets the City of Beaumont's eligibility requirements. I agree to provide all materials and information necessary to identify and explain the operation of the above named business and hereby permit, if required, the audit and examination of its books, records, and files. I understand that any material misrepresentation of data for MBE certification may result in immediate removal from the MBE Directory. I further certify that my responses to the questions above and any information I have provided is a complete and accurate statement of the facts. If there are any changes regarding the information contained or incorporated in this affidavit, I will notify the City of Beaumont within thirty (30) days of such changes.

PRINTED NAME of Eligible Applicant
with Majority Ownership Interest

SIGNATURE of Eligible Applicant
with Majority Ownership Interest

Subscribed and sworn to me the undersigned Notary Public on this _____ day of _____ ,
year _____.

Notary Public's Signature and Stamp/Seal _____.

My Commission expires on: _____.

DOCUMENTATION REQUIREMENTS FOR MBE CERTIFICATION

- NOTE:
- 1) Applicants are required to provide clear and legible copies of the documents listed below.
 - 2) Please read each item carefully.
 - 3) **Provide documentation in the order listed below.**

● Proof of U.S. citizenship and ethnicity for the eligible applicant. Proof of U.S. Citizenship and ethnicity may be in the form of a birth certificate or the Bureau of Citizenship and Immigration Services' Certificate of Citizenship/Naturalization **or** the Tribal Registration Certificate* of an entity recognized by the Bureau of Indian Affairs. (*Tribal Registration Certificates are applicable to Native Americans only.)

● Official Photo Identification for the eligible applicant. Official photo identification may be in the form of a valid State Drivers License/ID or the Bureau of Citizenship and Immigration Services' Certificate of Citizenship/Naturalization **or** the Tribal Registration ID Card of an entity recognized by the Bureau of Indian Affairs.* (*Tribal Registration ID cards are applicable to Native Americans only.)

● Proof of residency for the eligible applicant. Proof of residency may be in the form of a valid Drivers License/ID **or** a valid Voter's Registration Card **or** a current Property Tax Statement.

● Federal income tax return as determined by your business structure most recently filed with the Internal Revenue Service (IRS) for the business. If this firm is a new business which **has not** filed a federal income tax return with the IRS, the eligible applicant is required to provide the most recent quarterly financial statement and a minimum of three (3) customers or clients' names and contact information.

● Assumed Name Certificate of an Unincorporated Business verifying that your business is registered with the County.

● Current bank signature card or a signed letter from the business' banking institution identifying the 1) business name, 2) primary checking account number, and 3) all individuals who are recognized as authorized signature on the account.

● Three (3) canceled checks (front and back) that have cleared the business' primary checking account number within the last six (6) months and were signed by the eligible applicant. Note: Bank statements that include images of cancelled checks signed by the eligible applicant are sufficient.

● Current State of Texas Sales and Use Tax Permit. **If not applicable, check this box.**

● Current professional licenses and permits. **If not applicable, check this box.**

● Current signed business site lease agreement, including amendments and renewals. Note: If you are the owner of the property on which the business operates and there is no formal written lease agreement in effect, you are required to provide a copy of the most current County tax appraisal statement fro the property.

NOTE:

All information submitted in conjunction with an MBE application is exempt from Public Disclosure.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

CITY OF BEAUMONT

MINORITY BUSINESS ENTERPRISE (MBE) PROGRAM

I. POLICY STATEMENT

“Minority Business Enterprise” (MBE), or “Minority Business” means a business in which (a) at least fifty-one percent (51%) is owned by minority members, or in the case of a corporation, at least fifty-one percent (51%) of the stock is owned by minority members; and (b) the management and daily business operations are controlled by one or more such individuals.

It is the policy of the City of Beaumont to involve local Minority-Owned Businesses (MBEs) to the fullest extent allowable by State statute in the procurement process.

In order to maximize the number of certified MBEs, the City will accept the State of Texas certified Historically Underutilized Businesses (HUBs) to meet its utilization goals.

II. ELIGIBILITY & OWNERSHIP

Minority individuals means those individuals who are citizens of the United States (or lawfully admitted permanent residents) who are a member of one the groups listed below:

- A. “Asian-Indian Americans” which includes persons whose origins are from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, or Nepal.
- B. “Asian-Pacific Americans” which includes persons whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific, and the Northern Marianas.
- C. “Black Americans” which includes persons having origins in any of the Black racial groups of Africa.
- D. “Hispanic Americans” which includes persons of Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.
- E. “Native Americans” which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians.
- F. American Women, including all women of any ethnicity.

III. MBE DIRECTORY

The City will maintain a directory to facilitate identification of MBEs with capabilities relevant to general contracting requirements and to particular bid solicitations. The directory is available to bidders to assist in their efforts to meet the City's MBE participation goals.

IV. MBE ELIGIBILITY AND JOINT VENTURES INVOLVING MBEs

To ensure that the MBE program only benefits firms owned and controlled by minority individuals, the City of Beaumont shall certify the eligibility of MBEs by verifying all documentation submitted for MBE certification.

A. Determination of Ownership and Control

1. An eligible MBE shall be an independent business, and
 - a. the ownership and control by minority persons shall be real, substantial, continuing, and shall go beyond the pro forma ownership of the firm as reflected in its ownership documents;
 - b. the minority owners shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance rather than form or arrangements;
 - c. recognition of the business as a separate entity for tax or corporate purposes is not necessarily sufficient for recognition as an MBE;
 - d. in determining whether a potential MBE is an independent business, the City shall consider all relevant factors, including the date the business was established, the adequacy of its resources for the work of the contract, and the degree to which financial, equipment leasing, and other relationships with non-minority firms vary from industry practice.
2. The City shall safeguard from disclosure to unauthorized persons information that reasonably may be regarded as confidential business information, consistent with federal, State and local law.

V. APPLICATION UPDATE

- A. Once certified, an MBE shall update its submission annually every two (2) years by submitting a new application or certifying that the application on file is still accurate. If at any time there is a change in ownership or control of the firm, the firm shall submit a new application within thirty (30) days of the change.
- B. Failure to renew every two years will result in company being removed from the directory of certified MBEs.

VI. PERCENTAGE GOALS

A. Overall Goals

The overall goal for the City of Beaumont's MBE program is to achieve twenty percent (20%) utilization for construction contracts exceeding \$50,000 and twenty percent (20%) utilization for professional services contracts exceeding \$25,000.

These goals shall not constitute a fixed quota. MBE participation will be calculated using the total dollar value of the contract awarded.

VII. MAINTENANCE OF RECORDS AND REPORTS

A. In order to monitor the progress of its MBE program, the City shall maintain a record keeping system which will identify and assess MBE contract awards and projected goals.

B. These records shall include as a minimum:

1. the number of contracts awarded to MBEs;
2. a description of the general categories of contracts so awarded;
3. the dollar value of contracts so awarded;
4. the percentage of the dollar value of all contracts awarded which were awarded to MBEs.

VIII. DECERTIFICATION PROCEDURE

A. Reasons for Decertification

The City reserves the right to decertify an existing MBE for any of the following reasons:

1. the firm's structure has changed to the extent that the business is no longer owned or controlled by an eligible person(s);
2. the business is no longer active;
3. the business is not financially responsible;
4. the business is not competent to do the work for which it was certified in accordance with generally accepted industry standards;
5. the firm has refused or failed without good cause to perform the work for which it was certified; and
6. the business has failed to comply with the City's recertification process.