

ENCLOSURE B-1

DECLARATION OF PROPOSED DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) UTILIZATION

THIS PAGE MUST BE COMPLETED BY PRIME PROPOSER /BIDDER/QUALIFIER TO INDICATE THE AMOUNT (PERCENTAGE)
OF DBE/ACDBE PARTICIPATION.

The undersigned, as a representative of the entity, _____, is submitting a bid/proposal for the _____ project, hereby acknowledges that the DBE/ACDBE goal established for this project is _____%.

Note: Proposer/Bidder/Qualifier shall make one of the two certifications noted below:

1. The Proposer/Bidder/Qualifier further represents that the proposed level of DBE/ACDBE participation as set forth in the enclosed Schedule of DBE/ACDBE participation for this project is _____% and represents attainment of the DBE/ACDBE participation goal Letters of Intent confirming the proposed participation of the DBEs/ACDBEs set forth on the Schedule of DBE/ACDBE Participation are attached.

2. The Proposer/Bidder/Qualifier further represents that the proposed level of DBE/ACDBE participation as set forth in the enclosed Schedule of DBE/ACDBE participation for this project is _____%. However, this level of DBE/ACDBE participation is less than the goal established for this project. The Proposer/Bidder/Qualifier has attached:
 - a. the Schedule of DBE/ACDBE participation showing the level of DBE/ACDBE participation the Proposer/Bidder/Qualifier has been able to obtain, supplemented with Letters of Intent confirming the proposed participation of the DBE/ACDBEs set forth on the Schedule of DBE/ACDBE Participation; and,
 - b. documentation of the Proposer's/Bidder's/Qualifier's good faith efforts to achieve the goal established for this project. This documentation shall include Certificates of DBE/ACDBE Unavailability for each contacted by the prime Proposer/Bidder/Qualifier which will not be participating in performance of the contract). The documentation of the efforts is discussed in greater detail in the Good Faith Efforts section.

Date

Representative of Proposer/Bidder/Qualifier

Title

(TO BE SUBMITTED WITH BID/PROPOSAL)

**ENCLOSURE B-2
DBE/ACDBE AFFIDAVIT**

**THIS PAGE IS TO BE COMPLETED BY ALL DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT
CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) PROPOSED TO PARTICIPATE
ON THIS PROJECT.**

I hereby declare and affirm that I am (company representative) _____ and
duly authorized representative of the _____
_____ (name of corporation or joint venture) whose
address is _____

I HEREBY DECLARE AND AFFIRM THAT I AM A DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT
CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) AS DEFINED BY 49 CFR
Part(s) 23 or 26. I WILL PROVIDE INFORMATION AND/OR THE CERTIFICATION TO DOCUMENT THIS
FACT **(attach copy of certification)**.

I DO SOLEMNLY SWEAR OR DECLARE AND AFFIRM THAT THE CONTENTS OF THE FOREGOING
STATEMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE
FIRM, TO MAKE THIS AFFIDAVIT.

_____ (Affiant) _____ (Date)

State of _____)
City and County of _____)

On this _____ day of _____, _____, before me, the undersigned
officer personally appeared.

_____, known to me to be the person described in the above
mentioned Affidavit, and acknowledged that he/she executed the same in the capacity therein stated and
for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.

My Commission Expires: _____

(Notary Public)

(SEAL)

ENCLOSURE B-3

**CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE
(DBE/ACDBE) PARTICIPATION PLAN**

Name of Prime Contractor	Total BASE Bid/Proposal Amount
Name of Project	
Project/Contract No	

***** All firms must provide FEDERAL TAX ID NUMBER*** and must complete and sign a B-4A form*******

Name of CERTIFIED DBE/ACDBE	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Total DBE/ACDBE Dollars (%)						

The undersigned will enter into formal agreement with the certified DBEs/ACDBEs listed above for work in this schedule conditioned upon the award of a contract by the Cleveland Airport System.

Signature of Prime Contractor Representative	Email:	Telephone	Fax	Date
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ENCLOSURE B-4A
LETTER OF INTENT TO PERFORM AS A CERTIFIED DBE/ACDBE SUB-CONTRACTOR/CONSULTANT

This form is to be completed by Prime Contractors and Consultants and ALL certified DBE and ACDBE Sub-contractors and Sub-consultants.

Project Name: _____

Location: _____

TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT

Prime Contractor/Consultant: _____

(FEDERAL TAX ID – MUST PROVIDE _____)

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as *(strike out conditions that do not apply)* an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

TO BE COMPLETED BY CERTIFIED SUB-CONTRACTORS/CONSULTANTS

DBE/ACDBE Subcontractors/consultants: _____

The firm I represent is a Disadvantaged Business Enterprise/Airport Concession Disadvantaged Business Enterprise which is currently certified by the Ohio Unified Certification Program as DBE/ACDBE with a certification date of _____. My firm is certified to perform work in the following areas: *(Please provide a description of ALL work along with the NAICS Code for which your firm is certified):*

NAICS DESCRIPTION	NAICS CODE
_____	_____
_____	_____
_____	_____

The undersigned is prepared to perform the following described work in connection with the above project: *(Specify in appropriate detail particular work items or parts to be performed along with NACIS Code for this project only. Also, please provide associated pricing with work outlined)*

<u>Type of Work and Items</u>	<u>Price Associated</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

5. _____

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows (Do not leave the chart below blank. Information is to be provided for ALL procurements with the exception of RFQ's (task order) and concessions (ACDBE) projects.

If the chart below has not been completed the form will be considered INCOMPLETE and will be returned and potentially delay the procurement process):

Type of Work and Items	Work Hours Involved	Projected Commencement Date	Projected Completion Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

REPRESENTATION TO UTILIZE 2ND/3RD TIER SUB-CONTRACTOR/CONSULTANTS

I further represent that _____ percent (___ %) of the dollar value of my subcontract will be performed by 2nd /3rd tier contractors and/or suppliers, which are: ___ certified/ ___ not certified by the Disadvantaged Business Enterprise/Airport as an Airport Concession Disadvantaged Business Enterprise. (Please provide 2nd/3rd tier sub information on form B-7).

NOTE: All sub-contractor/consultant agreements with certified and or non-certified sub-contractors/sub-consultants must be provided to OCI prior to issuance of the DBE/ACDBE Notice to Proceed (NTP). Delay in receipt of this information can directly impact the project timeline.

TO BE COMPLETED BY CERTIFIED SUB-CONTRACTOR/CONSULTANTS

The undersigned DBE/ACDBE will enter into a formal agreement for the above work with _____ (Prime contractor/consultant) conditioned upon your execution of a contract with the Airport.

Respectfully submitted this
____ Day _____, 20____

(Certified DBE or ACDBE Firm Name)

(Address)

(Signature)

(Name Typed)

(Title)

Required Contact Information

Email:

Telephone Number:

Fax Number:

(SEAL IF PROPOSER IS A CORPORATION)

ENCLOSURE B-4B

LETTER OF INTENT TO PERFORM AS A NON-CERTIFIED DBE/ACDBE and SBE SUBCONTRACTOR/SUBCONSULTANT

This form is to be completed by Prime Contractors and Consultants and ALL NON-CERTIFIED DBE, ACDBE and SBE Subcontractors and Sub-consultants.

Project Name: _____

Location: _____

TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT

Prime Contractor/Consultant: _____

(Federal Tax ID Number – MUST PROVIDE _____)

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as (*strike out conditions that do not apply*) an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

TO BE COMPLETED BY NON-CERTIFIED DBE/ACDBE AND SBE SUB CONTRACTORS /CONSULTANTS

Sub-Contractor/Consultant: _____

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as (*strike out conditions that do not apply*) an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows (Do not leave the chart below blank. Information is to be provided for ALL procurements with the exception of RFQ's (task order) and concessions (revenue generating) projects. If the chart below has not been completed the form will be considered INCOMPLETE and will be returned and potentially delay the procurement process):

<u>Type of Work and Items</u>	<u>Work Hours Involved</u>	<u>Projected Commencement Date</u>	<u>Projected Completion Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

REPRESENTATION TO UTILIZE 2ND/3RD TIER SUB-CONTRACTOR/CONSULTANTS

I further represent that _____ percent (___ %) of the dollar value of my subcontract will be performed by 2nd /3rd tier subcontractors and/or suppliers, which are: ___ certified / ___ not certified by the Airport as an Airport Concession/Disadvantaged Business Enterprise. (Please provide 2nd/3rd tier sub information on form B-7).

NOTE: All sub-contractor/consultant agreements with certified and non-certified sub-contractors/consultants must be provided to the Airport prior to issuance of the SBE/DBE/ACDBE Notice to Proceed (NTP). Delay in receipt of this information can directly impact the project timeline.

TO BE COMPLETED BY NON-CERTIFIED SUB-CONTRACTOR/CONSULTANTS

The undersigned sub-contractor/consultant will enter into a formal agreement for the above work with _____ (prime contractor/consultant) conditioned upon the execution of a contract with the Airport.

Respectfully submitted, this
 _____ Day _____, 20____

(NON-CERTIFIED DBE/ACDBE Firm Name)

(Address)

(Signature)

(Name Typed)

(Title)

Required Contact Information:

Email: _____

Telephone Number: _____

Fax Number: _____

(SEAL IF PROPOSER IS A CORPORATION)

ENCLOSURE B-5

GOOD FAITH EFFORTS GUIDELINES

Instructions: In the event a competitor is unable to commit to full attainment of an established SBE/DBE/ACDBE contract specific goal, a good faith efforts evaluation must be conducted by the Airport. All competitors must provide documentation demonstrating all of the steps outlined below were taken in attempting to obtain SBE/DBE/ACDBE participation. **ALL GOOD FAITH EFFORT DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF BID/PROPOSAL/QUALIFICATION.** With the exception of the RFQ process, the Airport is not allowed to contact potential contractors/consultants prior to selection of the successful bidder/proposer regarding information submitted. If good faith efforts are not submitted at the time of bid/proposal the bidder/proposer will be deemed **NON-COMPLIANT.**

1. Whether the contractor attended any pre-solicitation or pre-bid meetings that were scheduled by the recipient to inform SBE/DBE/ACDBEs of contracting and subcontracting opportunities;
2. Whether the contractor advertised in general circulation, trade association, and minority-focus media concerning the subcontracting opportunities;
3. Whether the contractor provided written notice to a reasonable number of specific DBEs/ACDBEs/SBEs, that their interest in the contract was being solicited in sufficient time to allow the DBEs/ACDBEs/SBEs to participate effectively;
4. Whether the contractor followed up initial solicitations of interest by contacting DBE/ACDBEs to determine with certainty whether the DBE/ACDBEs/SBEs were interested;
5. Whether the contractor selected portions of the work to be performed by DBE/ACDBEs/SBEs in order to increase the likelihood of meeting the DBE/ACDBE/SBE goals (including, where appropriate, breaking down contracts into economically feasible units to facilitate DBE/ACDBE/SBE participation);
6. Whether the contractor provided interested DBEs/ACDBEs/SBEs with adequate information about the plans, specifications and requirements of the contract;
7. Whether the contractor negotiated in good faith with interested DBEs/ACDBEs/SBEs, not rejecting DBEs/ACDBEs/SBEs as unqualified without sound reasons based on a thorough investigation of their capabilities.
8. Whether the contractor made efforts to assist interested DBEs/ACDBEs/SBEs in obtaining bonding, lines of credit, or insurance required by the recipient or contractor; and
9. Whether the contractor effectively used the services of available minority community organizations; disadvantaged contractors' groups; local, state and Federal disadvantaged business assistance offices; and other organizations that provide assistance in the recruitment and placement of DBEs/ACDBEs/SBEs.

***PLEASE ATTACH ALL SUPPORTING DOCUMENTATION OF THE GOOD FAITH EFFORTS TO THE BID/PROPOSAL/QUALIFICATIONS. COMPETITORS WILL BE DETERMINED NON-COMPLIANT WITHOUT THE APPROPRIATE SUPPORTING GOOD FAITH EFFORTS DOCUMENTATION.**

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ENCLOSURE B-6

NON-CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE / AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE SUB-CONTRACTOR/CONSULTANT (NON-CERTIFIED DBE/ACDBE) AND SMALL BUSINESS ENTERPRISE (SBE) PARTICIPATION PLAN

****Bidders MUST make a Good Faith Effort to meet the established SBE Goal****

Name of Prime Contractor	
Name of Project	
Project/Contract No	Total BASE Bid Amount

***** All firms must provide FEDERAL TAX ID NUMBER AND COMPLETE FORM B-4B*****

SBE YES NO	Name of NON-CERTIFIED DBE/ACDBE <i>(For: SBE - Identify if DBE/ACDBE)</i>	Federal Tax ID <i>(must provide)</i>	Address	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work (Non-Certified DBE/ACDBE)	Dollar Value of Work (SBE)
	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
							Total NON-CERTIFIED DBE/ACDBE Dollars (%)	

The undersigned will enter into formal agreement with the subcontractors listed above for work in this schedule conditioned upon the award of a contract by the Cleveland International Airport.

Signature of Prime Contractor Representative	Email:	Telephone	Fax	Date
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ENCLOSURE B-8

2ND/3RD TIER SUBCONTRACTOR/SUBCONSULTANT FORM

THIS FORM IS TO PROVIDE A LISTING OF ALL 2ND/3RD TIER SUB-CONTRACTORS AND SUBCONSULTANTS PERFORMING ON THE PROJECT. ALL SUBCONTRACTOR AGREEMENTS MUST BE PROVIDED PRIOR TO RECEIVING A DBE/ACDBE NTP (NOTICE TO PROCEED). DELAY IN RECEIPT OF THIS INFORMATION CAN DIRECTLY IMPACT PROJECT SCHEDULE.

DEFINITIONS

2ND TIER SUB-CONTRACTORS/CONSULTANTS – CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 1ST TIER SUB-CONTRACTORS/CONSULTANTS.

3RD TIER SUB-CONTRACTOR/CONSULTANTS – CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 2ND TIER SUB-CONTRACTORS/CONSULTANTS.

Name of Prime Contractor		Total BASE Bid Amount						
Name of Project		***All firms must provide FEDERAL TAX ID NUMBER AND COPIES OF AGREEMENTS***						
2 nd /3 rd Tier Sub-Contractor/Consultant Name	1 st TIER Sub-Contractor/Consultant w/Agreement w/ 2 nd /3 rd Tier	Identify 2 nd Tier 3 rd Tier	CERTIFIED DBE/ACDBE (YES / NO)	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Total Dollar Amount
1.								
2.								
3.								
4.								
5.								
6.								
7.								
								TOTAL DOLLARS

The undersigned will enter into formal agreement with the subcontractors listed above for work in this schedule conditioned upon the award of a contract by the Cleveland International Airport.

Signature of Prime Contractor Representative	Email:	Telephone	Fax	Date
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ENCLOSURE B-9

**EMERGENCY ADDITION-CONDITIONAL APPROVAL OF SUB-CONTRACTORS/CONSULTANT FORM
THIS FORM IS TO BE USED ONLY WHEN SUBCONTRACTOR/CONSULTANTS ARE TO BE ADDED ON AN EMERGENCY BASIS
APPROVAL WILL BE GRANTED WITHIN 24 HOURS OF THE FORMAL REQUEST**

PROJECT NAME: _____

CONTRACT NUMBER: _____ CONTRACT AMOUNT: _____

PRIME CONTRACTOR: _____

TO THE DIRECTOR OF THE CLEVELAND AIRPORT SYSTEM,
I RESPECTFULLY REQUEST YOUR CONSENT TO SUBLET TO: _____

(SUB-CONTRACTOR/CONSULTANT)

THE FOLLOWING WORK TO BE PERFORMED (ADD NAICS CODES):

SCOPE1: _____ NAICS CODE _____

SCOPE2: _____ NAICS CODE _____

SUB-AGREEMENT \$: _____ EST. WORK START DATE: _____ EST. COMPLETION DATE: _____

PROPOSED SUBCONTRACTOR INFORMATION

SUB-CONTRACTOR/SUBCONSULTANT TAX ID: _____ SUPPLIER ONLY: YES/NO _____

SUB-CONTRACTOR/CONSULTANT CONTACT PERSON: _____

ADDRESS _____

TELEPHONE: _____ FAX _____

EMAIL: _____

(TIER SUB-CONTRACTOR OF THE SUB-CONTRACTOR ONLY - PLEASE LIST ORIGINAL SUBS NAME):

TIER: 1, 2 OR 3	DBE CERTIFIED & CERTIFICATION DATE (YES/NO)	EST. START & COMPLETION DATE	PERCENTAGE (%)	TOTAL CONTRACT AMOUNT (\$)
SUBCONTRACTOR/CONSULTANT				

BY SIGNING THIS FORM, THE CONTRACTOR LISTED BELOW HAS MADE ASSURANCES THAT ALL SUBCONTRACTORS LISTED ABOVE WHO ARE UTILIZED TOWARDS THE FULFILLMENT OF A DBE GOAL WILL BE PERFORMING A COMMERCIALY USEFUL FUNCTION AS OUTLINED IN 49 CFR PART 26. IF IT IS DISCOVERED THAT THE DBE IS NOT PERFORMING OR HAS NOT PERFORMED A COMMERCIALY USEFUL FUNCTION, THE PRIME CONTRACTOR WILL IMMEDIATELY NOTIFY THE EBED OFFICE OF ITS FINDINGS.

THE APPROVAL OF THIS FORM IS CONDITIONAL. FINAL APPROVAL WILL NOT BE GRANTED UNTIL ALL OCI'S ATTACHMENTS A & B FORMS ARE COMPLETED & CONTRACTUAL AGREEMENTS ARE SIGNED AND PROVIDED TO OCI WITHIN 5 DAYS OF SIGNATURE. THIS ADDITION MUST BE APPROVED BY THE AIRPORT DIRECTOR AND CITY OF CLEVELAND BOARD OF CONTROL. THIS CONTRACT IS SUBJECT TO STATE OF OHIO PREVAILING WAGE OR FEDERAL DAVIS BACON (WAGE & HOUR) REQUIREMENTS. PLEASE CONTACT 216-265-6606 FOR ADDITIONAL INFORMATION. IF THE WAGE & HOUR STANDARDS ARE NOT COMPLIED, PAYMENT TO THE CONTRACTOR CAN BE STOPPED OR THE PROJECT CAN BE STOPPED ENTIRELY.

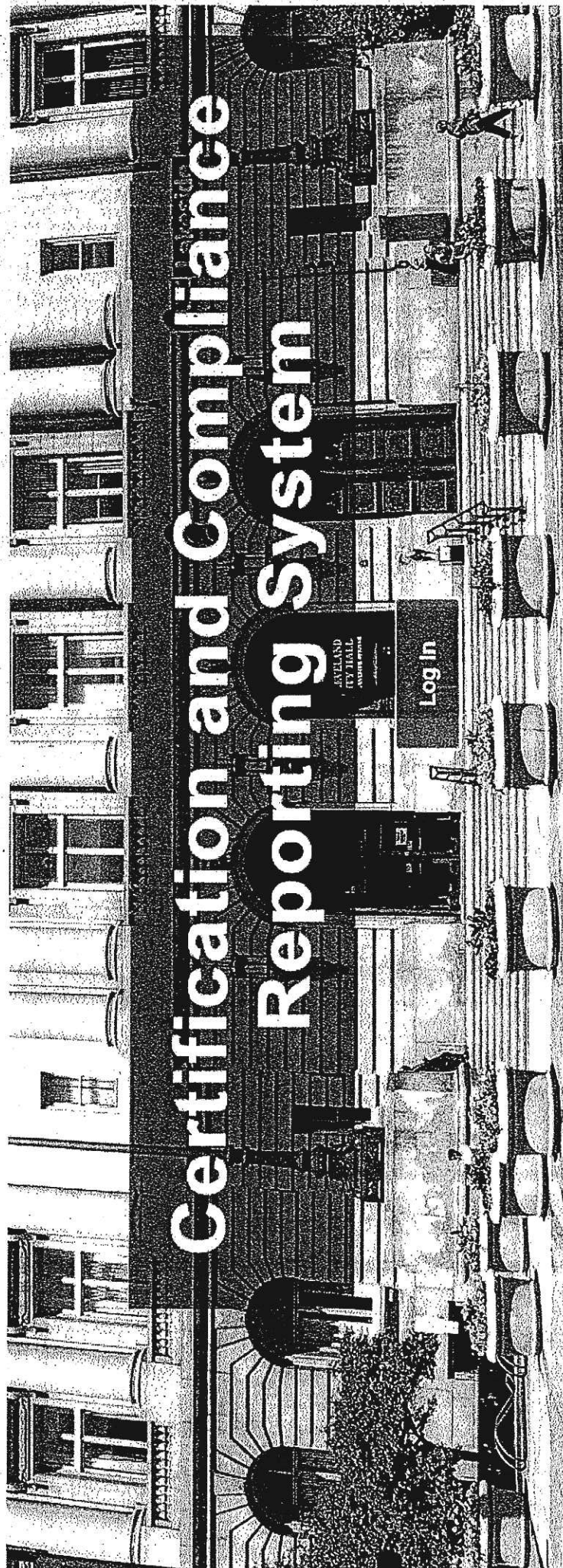
PRIME CONTRACTOR SIGNATURE: _____ DATE: _____

REQUESTED SUB-CONTRACTOR SIGNATURE: _____ DATE: _____

FOR OCI USE ONLY

 APPROVED DENIED/Reason: _____

OCI SIGNATURE: _____ DATE _____



Certification and Compliance Reporting System

Vendor Certification

Search and/or join our database of CSB/MBE/FBE/LGBTBE and Section 3 Businesses

[Search Certified Directory](#)

[Apply for / Renew Certification](#)

Contracts

Search by contractor, contract number or description.

[Contract Search](#)

Outreach

Opportunities for vendor involvement

[View Outreach Opportunities](#)

Account Access

Lookup Vendor accounts or reset user passwords

[Account Lookup](#)

[Forgot Password](#)

System Training

Learn how to fully utilize our system with a live trainer

[Training](#)

About the System

Learn more about this system and how it works today

[Information for Vendors](#)

ADDENDUM #1
Effective January 1, 2014

ATTACHMENT B

(DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSIONS DISADVANTAGED
BUSINESS ENTERPRISE (DBE/ACDBE) UTILIZATION

III(J): Upon completion of the project (or portion of the project for partial releases of retainage) or completion of any subcontractor/subconsultant/subconcessionaire portion of the project, and upon receipt of all required documentation and deliverables, the Airport will approve release of retainage or portions thereof directly to the Contractor/Consultant. The Contractor/Consultant shall release retainage due to each subcontractor/sub consultant or material supplier within ten (10) days following Owner's payment to the Contractor/Consultant for work completed or material supplied.

Addendum:

1. *Lien Waivers* for each subcontractor/sub-consultant/sub-concessionaire for work completed or material supplied shall be a part of and included upon each submission of Contractor/Consultant's payment or revenue report (**Enclosure B-7A and B-7B Monthly Payment Compliance Report**).
2. *Final Affidavit of Compliance Prevailing Wage* shall be submitted upon each Contractor/Consultant's and each subcontractor/sub-consultant/sub-concessionaire's completion of the project (or portion of the project for partial releases of retainage).
3. After ten (10) days following Owner's final release of retainage, Contractor/Consultant shall submit a **FINAL** payment or revenue report (**Enclosure B-7A and B-7B Monthly Payment Compliance Report**) and Lien Waivers for each sub-contractor/sub-consultant. **A file audit shall be performed at once for non-compliance of this part.**
4. For project non-performance, a notification in the Contractor/Consultant's letterhead shall be a part of and included in the submission of payment or revenue report (**Enclosure B-7A and B-7B Monthly Payment Compliance Report**).

*III(C)(5): Request for **emergency** addition-conditional approval to utilize a subcontractor/consultant can be submitted by completing **Attachment B-9** (Emergency Addition-Conditional Approval of Subcontractor/consultant)...*

Addendum:

1. Usage of the Emergency Form (B9) shall be limited to three (3).

All other provisions of Attachment A and Attachment B shall remain the same.



**Department
of Commerce**

Division of Industrial Compliance
& Labor

Bureau of Labor and Worker Safety
5606 Tussing Road, PO Box 4009
Reynoldsburg, OH 43068-9009
Phone 614-844-2450 | Fax 614-728-8639
TTY/TDD | 800-750-0750
www.com.ohio.gov

An Equal Opportunity Employer and Service Provider

John R. Kasich, Governor
David Goodman, Director

**FINAL
AFFIDAVIT OF COMPLIANCE
PREVAILING WAGES**

I, _____ do hereby certify
(Name of person signing affidavit) (Title)

that the wages paid to all employees of : _____
(Company name)

for all hours worked on project: _____
(Project name)

(Project location)

During the period from _____ to _____ are in compliance with
(Project Dates)

Prevailing Wage requirements of Chapter 4115 of the Ohio Revised Code. I further certify that no rebates or deductions have been or will be made, directly or indirectly, from any wages paid in connection with this project, other than those provided by law.

(Signature of Officer or Agent)

(Print Name of Officer or Agent)

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

(Notary Public)

The above affidavit must be executed and sworn to by the officer or agent of the contractor or subcontractor who supervises the payment of employees. This affidavit must be submitted to the owner (public authority) before the surety is released or final payment due under the terms of the contract is made.

ADDENDUM#2
Effective August 1, 2014

ATTACHMENT B

(DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSIONS DISADVANTAGED
BUSINESS ENTERPRISE (DBE/ACDBE) UTILIZATION

III(J): Upon completion of the project (or portion of the project for partial releases of retainage) or completion of any subcontractor/subconsultant/subconcessionaire portion of the project, and upon receipt of all required documentation and deliverables, the Airport will approve release of retainage or portions thereof directly to the Contractor/Consultant. The Contractor/Consultant shall release retainage due to each subcontractor/sub consultant or material supplier within ten (10) days following Owner's payment to the Contractor/Consultant for work completed or material supplied.

Addendum2:

- 1. Enclosure B-10 Affidavit of Compliance Prevailing Wage Partial Retainage Release shall be submitted upon each Contractor/Consultant's and each subcontractor/sub-consultant/sub-concessionaire's request for partial releases of retainage.*

All other provisions of Attachment A and Attachment B, including Addendum#1 shall remain the same.



ENCLOSURE B-10

**AFFIDAVIT OF COMPLIANCE PREVAILING WAGE
PARTIAL RETAINAGE RELEASE**

RETAINAGE RELEASE: 8% _____ 2% _____

0%, Complete a FINAL AFFIDAVIT OF COMPLIANCE PREVAILING WAGE

I, _____ do hereby certify that the
(Name of person signing affidavit) (Title)

that the wages paid to all employees of: _____
(Company Name)

for all hours worked on project: _____
(Project Name)

(Project Location)

During the period from _____ to _____ are in compliance with
(Project Dates)

Prevailing Wage requirements of Davis-Bacon and Related Acts: 29 CFR Parts 1,3,5,6 and7; United States Code: 40 3141-3148 and of Chapter 4115. of the Ohio Revised Code. I further certify that no rebates or deductions have been or will be made, directly or indirectly, from any wages in connection with the project, other than those provided by law.

Signature of Officer of Agent

Print Name of Officer of Agent

Sworn to and subscribed in my presence this _____ day of _____, 20____.

(Notary Public)

The above affidavit must be executed and sworn to by the officer or agent of the contractor or subcontractor who supervises the payment of employees. The affidavit must be submitted to the owner (public authority) before the surety is released or final payment due under the terms of the contract is made.



CLEVELAND
AIRPORT SYSTEM

CLE
BKL

**OFFICE OF COMPLIANCE AND INCLUSION
(OCI)**

**SMALL BUSINESS ENTERPRISE
(SBE)**

**CERTIFICATION VERIFICATION
PROCESS**

CLEVELAND AIRPORT SYSTEM DISADVANTAGED BUSINESS ENTERPRISE (DBE)
SMALL BUSINESS ENTERPRISE (SBE) PARTICIPATION PLAN
FEBRUARY 2012

A. Objective (49 CFR PART 26.39)

Recognizing that the DBE Program goals should be met through a mixture of race conscious and race neutral methods and, that by definition, DBE firms are small businesses, the Cleveland Airport System (Airport) seeks to implement a small business element into its current DBE policy in accordance with applicable law. The Airport is including this element to facilitate competition by and expand opportunities for small businesses. The Airport is committed to taking all reasonable steps to eliminate obstacles to small businesses that may preclude their participation in procurements as prime contractors or subcontractors. The Airport will meet its objectives using a combination of the following methods and strategies:

1. Set asides: Where feasible, the Airport will establish a percentage of the total value of all prime contract and subcontract awards to be set aside for participation by small businesses on FAA-assisted contracts. A "set-aside" is the reserving of a contract or a portion of a contract exclusively for participation by small businesses. This requires that the Airport and its prime contractors/consultants set aside a portion of the value of each contract for participation by small businesses. A small business set-aside is open to all small businesses regardless of the owner's gender, race or geographic location.
2. Unbundling: The Airport, where feasible, may "unbundle" projects or separate large contracts which may be suitable for small business participation. The Airport will conduct contract reviews on each FAA-assisted contract to determine whether portions of the project could be unbundled or bid separately. Similarly, the Airport will encourage its prime contractors or prime consultants to unbundle contracts to facilitate participation by small businesses.

B. Definitions

1. Small Business: A small business is a business that is independently owned and operated, is organized for profit, and is not dominant in its field. Depending on the industry, size standard eligibility is based on the average number of employees for the preceding twelve months or on sales volume averaged over a three-year period. Small businesses must

CLEVELAND AIRPORT SYSTEM DISADVANTAGED BUSINESS ENTERPRISE (DBE)
SMALL BUSINESS ENTERPRISE (SBE) PARTICIPATION PLAN
FEBRUARY 2012

A. Objective (49 CFR PART 26.39)

Recognizing that the DBE Program goals should be met through a mixture of race conscious and race neutral methods and, that by definition, DBE firms are small businesses, the Cleveland Airport System (Airport) seeks to implement a small business element into its current DBE policy in accordance with applicable law. The Airport is including this element to facilitate competition by and expand opportunities for small businesses. The Airport is committed to taking all reasonable steps to eliminate obstacles to small businesses that may preclude their participation in procurements as prime contractors or subcontractors. The Airport will meet its objectives using a combination of the following methods and strategies:

1. **Set asides:** Where feasible, the Airport will establish a percentage of the total value of all prime contract and subcontract awards to be set aside for participation by small businesses on FAA-assisted contracts. A "set-aside" is the reserving of a contract or a portion of a contract exclusively for participation by small businesses. This requires that the Airport and its prime contractors/consultants set aside a portion of the value of each contract for participation by small businesses. A small business set-aside is open to all small businesses regardless of the owner's gender, race or geographic location.
2. **Unbundling:** The Airport, where feasible, may "unbundle" projects or separate large contracts which may be suitable for small business participation. The Airport will conduct contract reviews on each FAA-assisted contract to determine whether portions of the project could be unbundled or bid separately. Similarly, the Airport will encourage its prime contractors or prime consultants to unbundle contracts to facilitate participation by small businesses.

B. Definitions

1. **Small Business:** A small business is a business that is independently owned and operated, is organized for profit, and is not dominant in its field. Depending on the industry, size standard eligibility is based on the average number of employees for the preceding twelve months or on sales volume averaged over a three-year period. Small businesses must

meet the definitions specified in Section 3 of the Small Business Act and the Small Business Administration regulations (13 CFR Part 121).

2. Disadvantaged Business: A for profit small business (as defined by the Small Business Administration)- That is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged or, in the case of a corporation, in which 51 percent of the stock is owned by one or more such individuals; whose socially and economically disadvantaged owners do not exceed the current PNW cap of \$1.32 million; whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own the firm; and has been certified with the State of Ohio Unified Certification Program (UCP) in accordance with 49 CFR Part 26.

C. Certification and Verification Procedures

Firms seeking certification with the Airport must not exceed fifty percent (50%) of the NAICS Code threshold established by the SBA for their specific industry. All firms whose gross receipts exceed 50% of its industry NAICS threshold will not be certified as a SBE with the Airport.

The Airport will accept the following certifications for evaluation and possible certification and participation in the small business element of the Airport's DBE Program with applicable stipulations:

1. City of Cleveland, Office of Equal Opportunity Cleveland Small Business Certification (CSB) only.
2. Cuyahoga County Small Business Enterprise Certification
3. US SBA 8(a) Certification
4. Northeast Ohio Regional Sewer District Certification
5. Northern Ohio Supplier Diversity Council

*All firms certified with the entities listed above seeking Airport small business certification must submit the most recent three (3) years business tax returns, complete sections 1 and 3 part B of the Ohio UCP DBE application and submit proof of certification and areas of expertise with its Airport Small Business application.

**For purposes of the small business element of the Airport's DBE program, small businesses which are also owned and controlled by socially disadvantaged individuals will be encouraged to seek DBE certification.

***Minority and women-owned business enterprises awarded contracts under the small business enterprise set-aside will be strongly encouraged to seek DBE certification in order to be counted towards race neutral DBE participation.

D. Registry

The Airport will maintain an Airport Small Business Registry for all firms it grants SBE certification. This registry is separate from the Ohio UCP DBE Directory and maintained solely by the Airport.

E. Contracts and Goals

1. The project manager (PM) and DBELO or the Small Business Officer (SBO) will review FAA-assisted purchases and contracts to assess the small business opportunities, giving consideration to the size and scope of each purchase or contract to establish the set aside percentage. **This set-aside is in addition to the DBE contract goals which may be required pursuant to applicable law or policy.** All Airport FAA-assisted contracts will have a minimum of a ten percent (10%) Small Business Enterprise (SBE) set-aside goal. All FAA-assisted contracts will be reviewed individually to determine if the SBE 10% set-aside goal is appropriate. The goal may be increased or decreased based on size and scope of the purchase. If it is determined after consideration of size and scope that a SBE goal of zero percent (0%) or no goal is to be assigned to a contract, the PM and/or SBO will document why a small business set aside goal is inappropriate. FAA-assisted purchases and contracts valued at \$1 million or less will be SBE set-aside contracts. We will request the successful SBE contractor utilize certified DBE firms as subcontractors on the project.
2. Unbundling: The Airport, where feasible, may "unbundle" projects or separate large contracts which may be suitable for small business participation. The Airport will conduct contract reviews on each FAA-assisted contract to determine whether portions of the project could be unbundled or bid separately. Similarly, the Airport will encourage its prime contractors or prime consultants to unbundle contracts to facilitate participation by small businesses.

F. Monitoring

All FAA-assisted contracts will be monitored monthly for small business participation.

G. Enforcement

1. A firm that does not meet the eligibility criteria of the Airport's small business program and that attempts to participate in a FAA-assisted program as a small business enterprise on the basis of false, fraudulent, or deceitful statements or representations or under circumstances indicating a serious lack of business integrity or honesty, the Airport may withhold payment, initiate suspension or debarment proceedings against that firm and recommend to The Department of Justice additional actions.
2. The Airport may refer to the Department of Justice, for prosecution under 18 U.S.C. 1001 or other applicable provisions of law, any person who makes a false or fraudulent statement in connection with participation of a small business in any FAA-assisted program or otherwise violates applicable Federal statutes

H. Implementation Schedule

The Airport will implement the small business element within six (6) months of the FAA's approval of the Small Business Participation Plan.

I. Assurances

The Airport makes the following assurances:

1. The DBE Program, including its small business element is not prohibited by state law;
2. Certified DBEs that meet the size criteria established under the DBE Program are presumptively eligible to participate in the small business element of the DBE Program;
3. There are no geographic or local preferences or limitations imposed on FAA-assisted contracts and the DBE Program is open to small businesses regardless of their location;
4. There are no limits on the number of contracts awarded to firms participating in the DBE Program;
5. Reasonable effort will be made to avoid creating barriers to the use of new, emerging, or untried businesses; and
6. Aggressive steps will be taken to encourage those minority and women owned firms participating in the small business element of the DBE Program that are eligible for DBE certification to become certified.

Please submit the following documents applicable to your company. You may be requested to submit other documentation as requested upon review by Emerging Business enterprise Development.

Please submit the following for review:	
Completed Application UCP Application Sect. 1 and 3	
NAICIS codes with documentation	
Copy of Certification from Approved Entity as an SBE	
Last 3 years Federal Business Tax Returns	

CAS-SBE NAICS Industry Size Standards

NAICS Codes	NAICS Industry Description	Size Standards in millions of dollars	Size standards in number of employees	CAS- Micro SBE Size Standards in millions of dollars	CAS- Micro SBE Size standards in number of employees
Sector 23 – Construction					
Subsector 236 – Construction of Buildings					
236115	New Single-family Housing Construction (Except For-Sale Builders)	\$33.5		\$16.75	
236116	New Multifamily Housing Construction (except For-Sale Builders)	\$33.5		\$16.75	
236117	New Housing For-Sale Builders	\$33.5		\$16.75	
236118	Residential Remodelers	\$33.5		\$16.75	
236210	Industrial Building Construction	\$33.5		\$16.75	
236220	Commercial and Institutional Building Construction	\$33.5		\$16.75	
Subsector 237 – Heavy and Civil Engineering Construction					
237110	Water and Sewer Line and Related Structures Construction	\$33.5		\$16.75	
237120	Oil and Gas Pipeline and Related Structures Construction	\$33.5		\$16.75	
237130	Power and Communication Line and Related Structures Construction	\$33.5		\$18.75	
237210	Land Subdivision	\$7.0			
237310	Highway, Street, and Bridge Construction	\$33.5		\$16.75	
237990	Other Heavy and Civil Engineering Construction	\$33.5		\$16.75	
237990_Except	Dredging and Surface Cleanup Activities ²	\$20.0		\$10.00	
Subsector 238 – Specialty Trade Contractors					
238110	Poured Concrete Foundation and Structure Contractors	\$14.0		\$7.00	
238120	Structural Steel and Precast Concrete Contractors	\$14.0		\$7.00	
238130	Framing Contractors	\$14.0		\$7.00	
238140	Masonry Contractors	\$14.0		\$7.00	
238150	Glass and Glazing Contractors	\$14.0		\$7.00	
238160	Roofing Contractors	\$14.0		\$7.00	
238170	Siding Contractors	\$14.0		\$7.00	
238190	Other Foundation, Structure, and Building Exterior Contractors	\$14.0		\$7.00	
238210	Electrical Contractors and Other Wiring Installation Contractors	\$14.0		\$7.00	
238220	Plumbing, Heating, and Air-Conditioning Contractors	\$14.0		\$7.00	
238290	Other Building Equipment Contractors	\$14.0		\$7.00	
238310	Drywall and Insulation Contractors	\$14.0		\$7.00	
238320	Painting and Wall Covering Contractors	\$14.0		\$7.00	
238330	Flooring Contractors	\$14.0		\$7.00	
238340	Tile and Terrazzo Contractors	\$14.0		\$7.00	
238350	Finish Carpentry Contractors	\$14.0		\$7.00	
238390	Other Building Finishing Contractors	\$14.0		\$7.00	
238910	Site Preparation Contractors	\$14.0		\$7.00	
238990	All Other Specialty Trade Contractors ¹³	\$14.0		\$7.00	
Sector 31 – 33 – Manufacturing					
Subsector 327 – Nonmetallic Mineral Product Manufacturing					
327110	Pottery, Ceramics, and Plumbing Fixture Manufacturing		750		375
327120	Clay Building Material and Refractories Manufacturing		750		375
327211	Flat Glass Manufacturing		1,000		500
327212	Other Pressed and Blown Glass and Glassware Manufacturing		750		375
327213	Glass Container Manufacturing		750		375
327215	Glass Product Manufacturing Made of Purchased Glass		500		250
327310	Cement Manufacturing		750		375
327320	Ready-Mix Concrete Manufacturing		500		250
327331	Concrete Block and Brick Manufacturing		500		250
327332	Concrete Pipe Manufacturing		500		250
327390	Other Concrete Product Manufacturing		500		250
327410	Lime Manufacturing		500		250
327420	Gypsum Product Manufacturing		1,000		500
327910	Abrasive Product Manufacturing		500		250
327991	Cut Stone and Stone Product Manufacturing		500		250
327992	Ground or Treated Mineral and Earth Manufacturing		500		250
327993	Mineral Wool Manufacturing		750		375
327999	All Other Miscellaneous Nonmetallic Mineral Product Manufacturing		500		250

CAS-SBE NAICS Industry Size Standards

Subsector 331 - Primary Metal Manufacturing				
331110	Iron and Steel Mills and Ferroalloy Manufacturing		1,000	500
331210	Iron and Steel Pipe and Tube Manufacturing from Purchased Steel		1,000	500
331221	Rolled Steel Shape Manufacturing		1,000	500
331222	Steel Wire Drawing		1,000	500
331313	Alumina Refining and Primary Aluminum Production		1,000	500
331314	Secondary Smelting and Alloying of Aluminum		750	375
331315	Aluminum Sheet, Plate and Foil Manufacturing		750	375
331318	Other Aluminum Rolling, Drawing, and Extruding		750	375
331410	Nonferrous Metal (except Aluminum) Smelting and Refining		1,000	500
331420	Copper Rolling, Drawing, Extruding, and Alloying		1,000	500
331491	Nonferrous Metal (except Copper and Aluminum) Rolling, Drawing and Extruding		750	375
331492	Secondary Smelting, Refining, and Alloying of Nonferrous Metal (except Copper and Aluminum)		750	375
331511	Iron Foundries		500	250
331512	Steel Investment Foundries		500	250
331513	Steel Foundries (except Investment)		500	250
331523	Nonferrous Metal Die-Casting Foundries		500	250
331524	Aluminum Foundries (except Die-Casting)		500	250
331529	Other Nonferrous Metal Foundries (except Die-Casting)		500	250
Subsector 332 - Fabricated Metal Product Manufacturing				
332111	Iron and Steel Forging		500	250
332112	Nonferrous Forging		500	250
332114	Custom Roll Forming		500	250
332117	Powder Metallurgy Part Manufacturing		500	250
332119	Metal Crown, Closure, and Other Metal Stamping (except Automotive)		500	250
332215	Metal Kitchen Cookware, Utensil, Cutlery, and Flatware (except Precious) Manufacturing		500	250
332216	Saw Blade and Handtool Manufacturing		500	250
332311	Prefabricated Metal Building and Component Manufacturing		500	250
332312	Fabricated Structural Metal Manufacturing		500	250
332313	Plate Work Manufacturing		500	250
332321	Metal Window and Door Manufacturing		500	250
332322	Sheet Metal Work Manufacturing		500	250
332323	Ornamental and Architectural Metal Work Manufacturing		500	250
332410	Power Boiler and Heat Exchanger Manufacturing		500	250
332420	Metal Tank (Heavy Gauge) Manufacturing		500	250
332431	Metal Can Manufacturing		1,000	500
332439	Other Metal Container Manufacturing		500	250
332510	Hardware Manufacturing		500	250
332613	Spring Manufacturing		500	250
332618	Other Fabricated Wire Product Manufacturing		500	250
332710	Machine Shops		500	250
332721	Precision Turned Product Manufacturing		500	250
332722	Bolt, Nut, Screw, Rivet and Washer Manufacturing		500	250
332811	Metal Heat Treating		750	375
332812	Metal Coating, Engraving (except Jewelry and Silverware), and Allied Services to Manufacturers		500	250
332813	Electroplating, Plating, Polishing, Anodizing and Coloring		500	250
332911	Industrial Valve Manufacturing		500	250
332912	Fluid Power Valve and Hose Fitting Manufacturing		500	250
332913	Plumbing Fixture, Fitting and Trim Manufacturing		500	250
332919	Other Metal Valve and Pipe Fitting Manufacturing		500	250
332991	Ball and Roller Bearing Manufacturing		750	375
332992	Small Arms Ammunition Manufacturing		1,000	500
332993	Ammunition (except Small Arms) Manufacturing		1,500	750
332994	Small Arms, Ordnance, and Ordnance Accessories Manufacturing		1,000	500
332996	Fabricated Pipe and Pipe Fitting Manufacturing		500	250
332999	All Other Miscellaneous Fabricated Metal Product Manufacturing		750	375

CAS- SBE NAICS Industry Size Standards

Subsector 484 – Truck Transportation				
484121	General Freight Trucking, Long-Distance, Truckload	\$25.5		\$12.75
484122	General Freight Trucking, Long-Distance, Less Than Truckload	\$25.5		\$12.75
484210	Used Household and Office Goods Moving	\$25.5		\$12.75
484220	Specialized Freight (except Used Goods) Trucking, Local	\$25.5		\$12.75
484230	Specialized Freight (except Used Goods) Trucking, Long-Distance	\$25.5		\$12.75
Sector 54 – Professional, Scientific and Technical Services				
Subsector 541 – Professional, Scientific and Technical Services				
541110	Offices of Lawyers	\$10.0		\$5.00
541191	Title Abstract and Settlement Offices	\$10.0		\$5.00
541199	All Other Legal Services	\$10.0		\$5.00
541211	Offices of Certified Public Accountants	\$19.0		\$9.50
541213	Tax Preparation Services	\$19.0		\$9.50
541214	Payroll Services	\$19.0		\$9.50
541219	Other Accounting Services	\$19.0		\$9.50
541310	Architectural Services	\$7.0		\$3.50
541320	Landscape Architectural Services	\$7.0		\$3.50
541330	Engineering Services	\$14.0		\$7.00
541340	Drafting Services	\$7.0		\$3.50
541350	Building Inspection Services	\$7.0		\$3.50
541360	Geophysical Surveying and Mapping Services	\$14.0		\$7.00
541370	Surveying and Mapping (except Geophysical) Services	\$14.0		\$7.00
541380	Testing Laboratories	\$14.0		\$7.00
541410	Interior Design Services	\$7.0		\$3.50
541420	Industrial Design Services	\$7.0		\$3.50
541430	Graphic Design Services	\$7.0		\$3.50
541490	Other Specialized Design Services	\$7.0		\$3.50
541511	Custom Computer Programming Services	\$25.5		\$12.75
541512	Computer Systems Design Services	\$25.5		\$12.75
541513	Computer Facilities Management Services	\$25.5		\$12.75
541519	Other Computer-Related Services	\$25.5		\$12.75
541611	Administrative Management and General Management Consulting Services	\$14.0		\$7.00
541612	Human Resources Consulting Services	\$14.0		\$7.00
541613	Marketing Consulting Services	\$14.0		\$7.00
541614	Process, Physical Distribution and Logistics Consulting Services	\$14.0		\$7.00
541618	Other Management Consulting Services	\$14.0		\$7.00
541620	Environmental Consulting Services	\$14.0		\$7.00
541690	Other Scientific and Technical Consulting Services	\$14.0		\$7.00
541810	Advertising Agencies ²⁰	\$14.0		\$7.00
541820	Public Relations Agencies	\$14.0		\$7.00
541830	Media Buying Agencies	\$14.0		\$7.00
541840	Media Representatives	\$14.0		\$7.00
541850	Outdoor Advertising	\$14.0		\$7.00
541860	Direct Mail Advertising	\$14.0		\$7.00
541890	Other Services Related to Advertising	\$14.0		\$7.00
541910	Marketing Research and Public Opinion Polling	\$14.0		\$7.00
541921	Photography Studios, Portrait	\$7.0		\$3.50
541922	Commercial Photography	\$7.0		\$3.50
541930	Translation and Interpretation Services	\$7.0		\$3.50
541940	Veterinary Services	\$7.0		\$3.50
541990	All Other Professional, Scientific and Technical Services	\$14.0		\$7.00

CAS- SBE NAICS Industry Size Standards

Subsector 561 – Administrative and Support Services					
561110	Office Administrative Services	\$7.0		\$3.50	
561210	Facilities Support Services ¹²	\$35.5		\$17.75	
561311	Employment Placement Agencies	\$25.5		\$12.75	
561312	Executive Search Services	\$25.5		\$12.75	
561320	Temporary Help Services	\$25.5		\$12.75	
561330	Professional Employer Organizations	\$25.5		\$12.75	
561421	Telephone Answering Services	\$14.0		\$7.00	
561422	Telemarketing Bureaus and Other Contact Centers	\$14.0		\$7.00	
561431	Private Mail Centers	\$14.0		\$7.00	
561439	Other Business Service Centers (including Copy Shops)	\$14.0		\$7.00	
561440	Collection Agencies	\$14.0		\$7.00	
561491	Repossession Services	\$14.0		\$7.00	
561492	Court Reporting and Stenotype Services	\$14.0		\$7.00	
561499	All Other Business Support Services	\$14.0		\$7.00	
561510	Travel Agencies ¹⁰	\$19.0		\$9.50	
561520	Tour Operators ¹⁰	\$19.0		\$9.50	
561591	Convention and Visitors Bureaus	\$19.0		\$9.50	
561599	All Other Travel Arrangement and Reservation Services	\$19.0		\$9.50	
561617	Security Guards and Patrol Services	\$19.0		\$9.50	
561613	Armored Car Services	\$19.0		\$9.50	
561621	Security Systems Services (except Locksmiths)	\$19.0		\$9.50	
561622	Locksmiths	\$19.0		\$9.50	
561720	Janitorial Services	\$16.5		\$8.25	
561730	Landscaping Services	\$7.0		\$3.50	
561740	Carpet and Upholstery Cleaning Services	\$5.0		\$2.50	
561790	Other Services to Buildings and Dwellings	\$7.0		\$3.50	
561910	Packaging and Labeling Services	\$10.0		\$5.00	
561920	Convention and Trade Show Organizers ¹⁰	\$10.0		\$5.00	
561990	All Other Support Services	\$10.0		\$5.00	
Subsector 562 – Waste Management and Remediation Services					
562111	Solid Waste Collection	\$35.5		\$17.75	
562112	Hazardous Waste Collection	\$35.5		\$17.75	
562119	Other Waste Collection	\$35.5		\$17.75	
562211	Hazardous Waste Treatment and Disposal	\$35.5		\$17.75	
562212	Solid Waste Landfill	\$35.5		\$17.75	
562213	Solid Waste Combustors and Incinerators	\$35.5		\$17.75	
562910	Remediation Services	\$19.0			
562910_Except	Environmental Remediation Services ¹⁴		500		250
562920	Materials Recovery Facilities	\$19.0		\$9.50	
562991	Septic Tank and Related Services	\$7.0		\$3.50	
562998	All Other Miscellaneous Waste Management Services	\$7.0		\$3.50	

DBE Unified Certification Application

SECTION 1: COMPANY INFORMATION

A. General Information

1. *Legal name of business:		2. *Other names used by business:	
3. Website (if have one):		4. *Federal tax ID:	
5. *Company phone #:	6. Other phone #:	7. Company fax #:	
8. E-mail communications: <input type="checkbox"/> Yes <input type="checkbox"/> No		9. *County:	
10. *Street address of firm (No P.O. box):		City:	State: Zip:
11. Mailing address of firm (if different):		City:	State: Zip:

*Indicates required field

DBE Unified Certification Application

B. Business Profile

1. *Date the firm was established: ___/___/___	2. *I/We have owned this firm since: ___/___/___												
3. *Method of acquisition (check all that apply): <input type="checkbox"/> Started new <input type="checkbox"/> Inherited <input type="checkbox"/> Purchased existing <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Secured concession <input type="checkbox"/> Other (explain)													
4. *Number of employees: Full time _____ Part time _____													
5. *Legal structure (check all that apply): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> C-Corporation													
6. *Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain:													
7. *Does this firm rely on any other firm for management functions or employee payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain:													
8. *Specify the annual gross receipts of the firm for the last 3 complete fiscal years: <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: right;">Year _____</td> <td>Total receipts</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td style="text-align: right;">Year _____</td> <td>Total receipts</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td style="text-align: right;">Year _____</td> <td>Total receipts</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> <td></td> </tr> </table>		Year _____	Total receipts	\$ _____		Year _____	Total receipts	\$ _____		Year _____	Total receipts	\$ _____	
Year _____	Total receipts												
\$ _____													
Year _____	Total receipts												
\$ _____													
Year _____	Total receipts												
\$ _____													
9. *Type(s) of work <i>(NAICS code will be assigned based on type of work description. Provide as much description as possible.)</i> a. Type of work description: b. Type of work description: c. Type of work description:													

*Indicates required field

SECTION 2: COMPANY OWNERS AND REPRESENTATIVES

Instructions:

- This application must include every individual with ownership in the firm, every individual who is an officer of the company or on the board of directors, and every employee with significant responsibilities as listed in section B.
- One of the individuals entered must be designated as the company contact. The company contact will be the person to whom future correspondence will be addressed.
- If necessary, copy the pages of this application to enter information for additional individuals.
 - ⇒ At the top of each page is a place for the owner or representative's name. This is critical if your application has more than one individual—it will allow you to keep track of which owner or representative the information pertains to.

A. General Information (Company Owner or Representative)

1. *Name (first, middle initial, last):	2. *Role: <input type="checkbox"/> Company Owner <input type="checkbox"/> Company Representative	3. *Title:
4. *Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. *Ethnic group membership (check all that apply): <input type="checkbox"/> White Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (specify) _____	
6. *Salary: \$ _____		
7. Phone #: (____) _____ - _____ ext _____		
8. *Is this owner or representative the company contact? (One, and only one, owner or representative must be designated as the company contact.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. *Enable online account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter email address: _____		

*Indicates required field

DBE Unified Certification Application

Name (first, middle initial, last):

Instructions:

- Owner information must be provided for every company owner, regardless of the percentage of ownership. If necessary, copy the pages of this application to add additional owners.

C. Personal Information (Company Owner)

1. *Home address (street and number):		City:	State:	Zip:	
2. *Home phone #:	3. *Ownership percentage:		4. *Married status <input type="checkbox"/> Married <input type="checkbox"/> Single		
5. *U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. If No, legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Familial relationship to other owners:					
8. Has any trust been created for the benefit of this disadvantaged owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:					
9. *Number of years as an owner?					
10. Please list all investments made to acquire current ownership stake in the company:					
	Date	Ownership %	# of Shares	Share Class	Investment
*1.					Cash \$ Real Estate \$ Equipment \$ Other \$
2.					Cash \$ Real Estate \$ Equipment \$ Other \$
3.					Cash \$ Real Estate \$ Equipment \$ Other \$
11. Do any of your immediate family members own or manage another company? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, then list (use additional space if needed):					
	Name	Relationship	Company	Type of Business	Own or Manage?
1.					
2.					
3.					

*Indicates required field

DBE Unified Certification Application

Name (first, middle initial, last):

Instructions:

- Complete the following worksheets first, then use the information to complete the balance sheet at the end of the section.
- Complete all fields of an applicable worksheet. For example, if an owner has stocks, be sure to provide Security Name, Number of Shares, and Year-end Market Value per Share.
- If more than one owner is applying, supply the following information for each owner (*make copies of these pages if necessary*).

D. Personal Net Worth Worksheets (Required for all owners)

Enter year for which the following net worth worksheets apply:

Life Insurance Worksheet			
Insurance Company	Face Amount	Cash Surrender Value	Beneficiaries
1.			
2.			
3.			
4.			

Stocks and Bonds Worksheet		
Security Name	Number of Shares	Year-end Market Value per Share
1.		
2.		
3.		
4.		

Unpaid Taxes Worksheet	
Type of Tax	Amount
1.	
2.	
3.	
4.	

DBE Unified Certification Application

Name (first, middle initial, last): _____

Real Estate and Real Estate Mortgages Worksheet

Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
1.				

Is there a mortgage on the property? Yes No *(If Yes, complete the mortgage holder information for each mortgage on the property.)*

Name of mortgage holder: _____ Mortgage balance: \$ _____

Mortgage holder address:
 Street (No P.O. box): _____ City: _____ State: _____ Zip: _____

Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
2.				

Is there a mortgage on the property? Yes No *(If Yes, complete the mortgage holder information for each mortgage on the property.)*

Name of mortgage holder: _____ Mortgage balance: \$ _____

Mortgage holder address:
 Street (No P.O. box): _____ City: _____ State: _____ Zip: _____

Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
3.				

Is there a mortgage on the property? Yes No *(If Yes, complete the mortgage holder information for each mortgage on the property.)*

Name of mortgage holder: _____ Mortgage balance: \$ _____

Mortgage holder address:
 Street (No P.O. box): _____ City: _____ State: _____ Zip: _____

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Name (first, middle initial, last):

Other Personal Property Worksheet		
Asset Name	Asset Type	Current Estimated Value
1.		
2.		
3.		
4.		

Other Assets Worksheet		
Asset Name	Asset Type	Current Estimated Value
1.		
2.		
3.		
4.		

Notes Payable Worksheet						
Noteholder Name	Noteholder Address	Original Balance	Current Balance	Payment Amount	Payment Frequency	Collateral Type
1.						
2.						
3.						
4.						

Other Liabilities Worksheet	
Liability	Amount
1.	
2.	
3.	
4.	

DBE Unified Certification Application

Name (first, middle initial, last):

E. Personal Net Worth Statement (Required for all owners)

Balance Sheet			
Assets	(Omit cents)	Liabilities	(Omit cents)
Cash on hand and in banks:	\$	Accounts payable:	\$
Savings accounts:	\$	Notes payable to banks and others (worksheet):	\$
IRA or other retirement accounts:	\$	Installment account (other):	\$
Accounts and notes receivable:	\$	Loan on life insurance:	\$
Life insurance (worksheet):	\$	Unpaid taxes (worksheet):	\$
Stocks and bonds (worksheet):	\$	Mortgages on real estate (worksheet):	\$
Real estate (worksheet):	\$	Installment account (auto):	\$
Automobiles-estimated current value:	\$	Other liabilities (worksheet):	\$
Other personal property (worksheet):	\$		
Other assets (worksheet):	\$		
Total assets:	\$	Total liabilities:	\$
(minus total liabilities)	(-\$)		
Owner net worth:	\$	Year: _____	