

STATE OF CONNECTICUT

SUPPLIER DIVERSITY PROGRAM CERTIFICATION APPLICATION

Department of Administrative Services (DAS)
Office of Supplier Diversity
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Hartford, CT 06106
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www.das.state.ct.us.busopp.asp



Please contact us at the number above if you need this application in an alternate format.

The State of Connecticut's Supplier Diversity Program was established to ensure Connecticut Small Businesses an opportunity to bid on a portion of the State's purchases. The main objective of the program is to increase the number of small and minority business enterprises the Office of Supplier Diversity certifies throughout Connecticut. There are two possible types of certification which are explained below. Please read each definition carefully before filling out the application to ensure your company meets the requirements of the program.

A Small Business Enterprise (SBE) is defined as any company who has:

- Been doing business under the same ownership or management and has maintained its principal place of business in Connecticut for at least one year immediately prior to the date of application;
- Gross revenues not exceeding \$10,000,000 during its most recent fiscal year; and,
- 51% ownership held by a person(s) who exercises the operational authority over daily affairs of the business, has the power to direct policies and management, and receives beneficial interests of the business.

A Minority Business Enterprise (MBE) is defined as any company who :

- A small business (**must meet the above-stated SBE criteria**) with at least 51% ownership by one or more minority person(s) who exercises operational authority over daily affairs of the business, has the power to direct the management and policies, and receives beneficial interests of the business.
- Who is considered a minority? A person(s) who is American Indian, Asian, Black, Hispanic, has origins in the Iberian Peninsula, a woman, and an individual with a disability according to the Americans with Disabilities Act (ADA). (See program information for more details.)

Does your firm meet the definition of a small business enterprise (SBE)? Yes No
If the answer to this question is no, your company is not currently eligible for certification.

Does your firm meet the definition of a minority business enterprise (MBE)? Yes No

If your firm meets the above criteria, complete this application in its entirety and supply all requested supporting documentation. Failure to do so may delay processing.

1) FEIN (Federal Employer Identification Number or SS# if no FEIN): _____

2) Legal Business Name: _____

3) Doing Business As (dba): _____

4) Business Structure: (Check only one)

***For Recertification: Fill this out only if there have been changes since last certification, otherwise leave blank.**

- Corporation – Incorporating State _____ Date of Incorporation _____
- General Partnership _____ Date Established _____
- Limited Liability Company (LLC) _____ Date Established _____
- Limited Liability Partnership (LLP) _____ Date Established _____
- Sole Proprietorship _____ Date Established _____

5) Web Address: <http://> _____

6) Number of hours of operation per week: _____

7) Number of Owners _____ Total Number of Employees (Including Owners) _____

8) If the applying company is the division of a parent company please fill out the table below:

Parent Company Name	Taxpayer ID Number	Phone Number

(Attach additional sheet if necessary)

9) Business Address: _____
(P.O. Box only will not be accepted)

City/Town: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City/Town: _____ State: _____ Zip Code: _____

Local Telephone: _____ FAX: _____

*Contact Person _____ E-Mail: _____
(Contact Person is a Required Field – Please list only one individual) (E-mail address must contain an “at sign” (@))

10) Provide company and/or the names of only key personnel (includes members, shareholders, partners, directors, managers, officers, and principals) in your business who hold licenses (electrical, demo, engineering, etc.), permits and/or PUC leases.

Name(s) of Individual(s)	Type of License	License #	Exp. Date

(Attach additional sheet if necessary)

11) Does any owner (or the company itself) have ownership in any other business? Yes No

Ownership is implied if an individual (or the company itself) owns 20% or more of the applying company and 20% or more of another company (considered an affiliate). If yes, the Federal Tax Return for the affiliate company(ies) must be submitted with this application. To be eligible for the Supplier Diversity Program, the combined total gross receipts for all companies **cannot** exceed \$10,000,000.

If yes, provide detailed description of any and all involvement, and attach supporting documentation:

Provide name(s) of Owner(s), Affiliate Company Name(s), FEIN #, percentage of ownership, and gross receipts for most recently completed fiscal year of each affiliate in the table below:

Owner Name	Ownership %	Affiliate Company Name	FEIN #	Gross Receipts
				\$
				\$

(Attach additional sheet if necessary)

12) Number of years the applying company has been owned and managed by **present** owner: _____

13) Tell us about the Applying Company's Owners and Key Personnel.

* Owners include – Members, Partners, and Shareholders

* Key Personnel includes – Directors, Managers, Officers, and Principles

Name	Title	Ownership %	Phone	Fax	E-Mail

(Attach additional sheet if necessary)

14) Please provide a written statement, signed and notarized by a Notary Public, detailing the education pertaining to the business, experience in the business, current duties, current responsibilities, and the percentage of time devoted to the business by all owners and key personnel.

* Owners include – Members, Partners, and Shareholders

* Key Personnel includes – Directors, Managers, Officers, and Principals

15) Please list the **Commodity Codes** your company provides in the table below, and check the appropriate box if you would like to be certified for that commodity. **Please attach a separate page providing background information and experience relating to each commodity “Class” that you would like to be certified for.** It is not necessary to provide this information for each commodity “Sub-class”.

***Note:** To be certified for a commodity the company must own or lease the resources typical for a business in that industry, and the business facility must be appropriate for conducting the business of its type at the company’s present stage and development. Experience explanation must include contracts (include contract number, start/end dates), projects (include start/end dates), work related duties, and number of years experience with this commodity.

Enter the corresponding seven (7) digit codes (4-digit Class plus 3-digit Subclass), in the table provided below. You must enter a complete 4 digit class plus a 3 digit subclass to be listed in those commodities. Please use the Internet Site www.das.state.ct.us/purchase/commodity.htm for help in identifying the commodity class and subclass. If a commodity code is indicated which requires a license, a copy of this license must be submitted with application.

***For Recertification: Fill this out only if there have been changes since last certification, otherwise leave blank.**

4 -Digit Commodity Class	3 – Digit Commodity Subclass	Check Box if Requesting Certification for this commodity.

(Attach additional sheet if necessary)

16) If applying for certification of your business enterprise as MBE (minority-owned, woman-owned, or owned by a person(s) with a disability), select one or more of the following categories for the majority owner(s):

***For Recertification: Fill this out only if there have been changes since last certification, otherwise leave blank.**

*A minority is a person who is a citizen or lawful permanent resident of the United States and who is included in one of the following categories:

Minority Category	Male	Female	Disabled	% of Ownership
<input type="checkbox"/> American Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
<input type="checkbox"/> Asian American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
<input type="checkbox"/> Black American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
<input type="checkbox"/> Hispanic American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
<input type="checkbox"/> Iberian Peninsula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
<input type="checkbox"/> White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
* <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

*(Use this space for duplicate of above minority category for multiple owners. Attach additional sheet if necessary.)

17) Are you currently certified with any of the following programs?

Connecticut Department of Transportation Disadvantaged Business Yes No

State of Connecticut Prequalification Program Yes No

18) Have you previously been certified with the Supplier Diversity Program? Yes No

If yes, provide expiration date of most recent certification. ___/___/___ (mm/dd/yyyy)

19) Please provide a **brief** description of products and services your company directly provides:

***For Recertification: Fill this out only if you would like to change the description of products and services your company directly provides as it currently appears on your certificate.**

(Description must not exceed 250 characters including spaces. This will appear on both certificate and on-line directory.)

(Attach additional sheet if necessary)

20) ***For Recertification: Leave this section blank.**

Date Business was first established: ___/___/___

(Company must have been in business for at least one year prior to application.)

New Bought existing business Merger/consolidation Secured Franchise

Other (specify): _____

Previous Business Name (If Applicable): _____ Start ___/___/___ End ___/___/___

21) Organization Type:

***For Recertification: Fill this out only if there have been changes since last certification, otherwise leave blank.**

- Agricultural
- Construction
- General Construction
- Heavy Construction
- Manufacturer or Producer
- Mining
- Research and Development
- Retail Dealer - Type 1 (merchandise is not in stock; orders per request)
- Retail Dealer - Type 2 (has stock on hand in a warehouse)
- Service Establishment
- Special Trade
- Surplus Dealer
- Wholesale Dealer - Type 1 (merchandise not in stock; orders per request)
- Wholesale Dealer - Type 2 (has stock on hand in a warehouse)

22) Is this company a Broker? Yes No (If Yes, attach Broker Agreement)

23) Is this company Bonded? Yes No If Yes, Bonding Capacity \$ _____

24) Is this a Union Company? Yes No If Yes, Union Name _____

25) Month of fiscal year end: _____ (Certification period is determined by this month.)

26) Total Gross Receipts (or estimated) for the most recently completed fiscal year: \$ _____
 (This figure must agree with the submitted Federal Tax Return or Accountant's statement. Companies with annual gross receipts up to \$6 million will be certified for up to two fiscal years. Companies with gross receipts greater than \$6 million, but less than \$10 million will be certified for up to one fiscal year. All information pertaining to gross receipts is confidential.)

27) Please list any facility types owned/mortgaged, leased, or rented by the company. Check the appropriate agreement type. Use Notes area for additional information. Be sure to include Office Space, Equipment Yards, Plants, and Warehouses. This information is required to ensure your company has the appropriate facilities to conduct business for the types of products and services that you are currently seeking certification for.

Facility Type	Own/ Mortgage	Lease	Rent	Notes

(Attach additional sheet if necessary)

28) Please list any major equipment owned or leased by the company. Use notes area for additional information.

Equipment Type	Acquisition Date	Notes

(Attach additional sheet if necessary)

29) Does your company Share Resources with any other companies? Yes No

If Yes, enter shared resources such as employees, equipment, office space, or yard space in the table below. Explain how the companies facilitate this arrangement in the **Notes** field below.

Name of company resources are shared with: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____ Phone: _____

Please check the appropriate boxes below for each resource shared with this company:

Employees Equipment Office Space Yard Space

Notes: (Explain how the sharing of resources between the companies is facilitated)

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(Please attach additional sheet if resources are shared with more than one company or if additional space is needed.)

30) Is the applying company or any person listed in this application involved in, or intend to become involved in a **Joint Venture** or any other type of agreement with any other company, concern, or person which relates to or affects the ongoing administration, management or operations of the applicant's business? Yes No

If Yes, please provide information in the table below, and provide copies of all agreements.

Company, Concern, or Person.	Nature of Joint Venture or other Agreement	% of Work Performed by or intended to be performed by Applying Company

(Please attach additional sheet if more space is needed.)

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Documents Required for Certification

In addition to the documents listed below, please see tables on the following page for additional documents that may be needed based on your company business structure.

Required Documents	New Certification	Recertification	Your Checklist
Sales and Use Tax Permit – (If not applicable, please include note on company letterhead stating a permit is not required.) For information on permits contact the Department of Revenue Services at 1-800-382-9463.	√	√	
Copy of Occupational License(s) – (If not applicable, please include a note on company letterhead stating no special licenses are required.) For information on licenses contact the Department of Consumer Protection at 1-800-842-2649.	√	√	
Copy of the Firm’s Entire Federal Tax Return – Most recent fiscal year end. Sole Proprietorship – Schedule C only. If this is not available, a letter on your company’s accountant’s letterhead with the estimated gross receipts is acceptable. Without either of these documents, the application cannot be reviewed for eligibility.	√	√	
Copy of the Firm’s Entire Federal Tax Return – Previous fiscal year. (For companies with previous certification valid more than one year.)		√	
Copy of Affiliate Company’s Entire Federal Tax Return Most recent fiscal year end. If this is not available, a letter on the company’s accountant’s letterhead with the estimated gross receipts is acceptable. Without either of these documents, the application cannot be reviewed for eligibility.	√	√	
Copy of Affiliate Company’s Entire Federal Tax Return – Previous fiscal year. (For companies with a previous certification valid for more than one year.)		√	
Minutes of Most Recent Annual Meeting – A meeting of the board of directors or company members should take place at least once annually. (Not required for Sole-Proprietorship or Single Member LLC)	√	√	
Minutes of Previous Year’s Annual Meeting – Required for interim years if previous certification was valid for more than one year. (Not required for a Sole-Proprietorship or Single Member LLC)		√	
Annual Report – Should be filed on a yearly basis with the Secretary of State’s Office. If we are unable to verify this filing, you will be asked to file this report with the Secretary of State’s Office. *Not Required for Sole Proprietorship or General Partnership.	√	√	
Notarized Statement - Please provide a written statement, signed and notarized by a Notary Public, detailing the education pertaining to the business, experience in the business, current duties, current responsibilities, and the percentage of time devoted to the business by all owners and key personnel.	√	√	
Joint Ventures Documents or Agreements with other Concerns which relate to the ongoing administration of the applying company.	If Applicable	If Applicable	
Minority Supporting Documentation – Copy of Birth Certificate, Marriage License, or other government document that clearly shows the race of ethnic affiliation of the majority owner(s) who are members of a minority.	If Applicable	If Applicable	
Medical Documentation – stating the physical impairment substantially limits one or more of the major life activities of the individual with a disability as defined by the Americans with Disabilities Act.	If Applicable	If Applicable	
Change in Ownership, Company Name, Business Structure. (Provide meeting minutes stock certificates, etc.)	If Applicable	If Applicable	

***Please include this page with submitted documentation.**

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Additional documents are required for all companies applying for New Certifications as well as previously certified companies whose certification has lapsed for more than one year. Please use the tables below to determine which documents pertain to your business structure.

Corporation	
Certificate of Incorporation	
Organization and First Annual Report	
By-Laws (Complete)	
Stock Certificates (Copies of all executed Stock Certificates and Transfer Ledger)	

Limited Liability Company (LLC)	
Copy of Operating Agreement	
Articles of Organization	

Limited Liability Partnership (LLP)	
Copy of Limited Partnership Agreement	
Trade Name Certificate (Obtained from Town Clerk's Office)	
Certificate of Limited Liability Partnership	

General Partnership	
Copy of General Partnership Agreement	
Trade Name Certificate (Obtained from Town Clerk's Office)	

Sole Proprietorship	
Trade Name Certificate (Obtained from Town Clerk's Office)	

***Please include this page with submitted documentation.**