

**DIVISION OF SMALL & MINORITY BUSINESS CONTRACTING & CERTIFICATION (SMBCC)**

**CERTIFICATION CHECKLIST OF REQUIRED DOCUMENTS**

Firms desiring to be certified as a minority business must complete the attached application package and submit the following required documents. Failure to supply required information may result in denial of certification.

- ☐ A business seeking certification is required to be in business for one year. The business start date should be indicated on its Business License or its registration with the Secretary of the State. Foreign corporations must provide a Certificate of Authority issued by South Carolina's Secretary of State.
- ☐ Completed SMBCC Certification Application
- ☐ Signed, notarized Affidavit(s) must be submitted for all owners/partners who are listed in the Certification Application as being socially and economically disadvantaged.
- ☐ Personal Net Worth Statement (**notarized**) for each owner of the firm (***SMBCC PNW Form***)
- ☐ Personal Federal Tax Returns for the past 3 years (***full returns***)
- ☐ Corporate/Business Tax Returns with related schedules for the past 3 years (***include any applicable requests for extensions***)
- ☐ Corporate by-laws and any amendments (***if applicable***)
- ☐ Organizational chart or outline
- ☐ Business license(s) (***if applicable***)
- ☐ Official Articles of Incorporation papers or partnership agreements (***if applicable***)
- ☐ Proof of initial investment to start or acquire business (***ex: cancelled check, copy of loan agreement, cash investment, opening of business account, equipment bill of sale, bank statements, etc.***).
- ☐ Copy of six cancelled (***posted to account***) company checks or bank statements showing monthly ACH/POS transactions to the business account in the past six months.
- ☐ Copy of bank signature card or resolution.
- ☐ Copies of issued stock certificates (from inception and numerical order).
- ☐ Résumé of all owners of the company.
- ☐ MMO (Materials Management Office) Vender Registration Application to be completed on-line at <https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>  
(***Copy of online confirmation required with package***)

The documents requested above must be submitted to the following address:

Small & Minority Business Contracting & Certification (SMBCC)  
246 Stoneridge Drive, Suite 250  
Columbia, SC 29210

We may be contacted via telephone: (803) 734-5044/5010.



## Certification Application

**NOTE:** This application cannot be processed until a completed application and all required documents (see certification checklist) are received by SMBCC. Business must be a "for profit" organization to be considered for the M/WBE program. Please mark "N/A" by items that are not applicable.

### 1. Business Information

Is your business "for profit"? ☐ Yes ☐ No Federal Employer I.D. Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Street

County

City

Zip Code

State

Mailing Address: \_\_\_\_\_

PO Box

Street

County

City

Zip Code

State

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 2. Legal Structure: (check one)

☐ Sole Proprietorship

☐ Corporation

☐ LLP

☐ LLC

☐ Partnership

☐ Other: \_\_\_\_\_

(Please describe)

Business Start Date: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

### 3. Type of Business: (check one)

☐ Manufacturing

☐ Service

☐ Broker

☐ Construction

☐ Distributions

☐ Other: \_\_\_\_\_

(Please specify)

### 4. This business qualifies as socially and economically disadvantaged. Applying for certification as a:

☐ Minority Owned Business (MBE)

☐ Woman Owned Business (WBE)

### 5. Minority Status of Owner(s): (check one)

☐ African American

☐ Caucasian Female

☐ Asian

☐ Hispanic

☐ Aleut

☐ Native American

☐ Native Hawaiian

☐ Eskimo

☐ East Indian

☐ Pacific American

### 6. Citizenship Status of Minority Owner(s): (check one)

☐ United States

☐ Other: (explain in attachments)

7. Is your company bonded? ☐ Yes ☐ No

Bonding carrier: \_\_\_\_\_ Capacity: \$ \_\_\_\_\_

**8. Business References:**

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9. Indicate product information (commodities your business sells):** (Please be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Indicate service(s) your business offers:** (Attach additional information if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Indicate number of years firm has been in business under the present name:** \_\_\_\_\_

**Ownership of Firm:** Identify those who own 5% or more of the firm. Attach list of others if necessary.

<u>Name</u>	<u>Race</u>	<u>Sex</u>	<u>Years of Ownership</u>	<u>Ownership %</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Identify any owner or management official of the named business who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named business. Present business relationships (Affidavits) include shared space, equipment, financing, or employees, as well as businesses having some of the same owners. Attach a list and explain relationship.

Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners and third parties that restrict or control minority owners.

\_\_\_\_\_

**12. Are you:** Certified 8(a) by the U.S. Small Business Administration (SBA)? ☐ Yes ☐ No

Certified by the S.C. Department of Transportation (SCDOT)? ☐ Yes ☐ No

**13. How many employees do you currently have on Payroll?** Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

14. What geographical area do you serve? \_\_\_\_\_

15. State your company's present net worth: \$ \_\_\_\_\_

16. List the type of equipment owned by your company: \_\_\_\_\_

\_\_\_\_\_

17. Where is the equipment stored? \_\_\_\_\_

**Control of Firm:** Identify by name, race, sex, and title those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including but not limited to those with prime financial responsibility for:

**18. Financial Decisions**

<u>Name</u>	<u>Race</u>	<u>Sex</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For everyone listed under **Financial Decisions**, provide a brief summary of their experience and number of years with the firm, indicating the person's qualifications for the responsibility given to him or her. Attach list and explain.

**19. Management Decisions**

<u>Name</u>	<u>Race</u>	<u>Sex</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**20. Marketing and Sales**

<u>Name</u>	<u>Race</u>	<u>Sex</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**21. Hiring and Firing of Management Personnel**

<u>Name</u>	<u>Race</u>	<u>Sex</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**22. Purchaser of Major Items or Supplies**

<u>Name</u>	<u>Race</u>	<u>Sex</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**23. Supervising (of field operations)**

<u>Name</u>	<u>Race</u>	<u>Sex</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**24. Are you licensed to do business in South Carolina?**    ☐ Yes    ☐ No

**25. Has this firm or any other firms with the same officers previously received or been denied certification?**    ☐ Yes    ☐ No

If so, attach a copy of the Notice of Certification or describe the circumstances of the denial.

I recognize that the information submitted in this application packet is for the purpose of inducing certification approval by a government agency. I understand that the government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in this application, and I authorize such agency to contact any entity named in this application, and the named firm's bonding companies, banking institutions, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to an inspection of the place(s) of business and the equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to Small and Minority Business Contracting and Certification (SMBCC) Office any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, name changes, etc.).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_



# AFFIDAVIT

I, \_\_\_\_\_ (full name printed), attest and affirm that I am \_\_\_\_\_ (title) of the applicant firm \_\_\_\_\_ (full name of business) and that the foregoing statements are true and correct and include all information necessary to identify and explain the operations of the firm as well as to identify ownership thereof.

I have read and understand all the questions and this application. I attest and affirm that all foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities, and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Minority Business Enterprise (MBE). In support of my application, I certify that I am a member of one or more of the following groups: (Check all that apply)

- ☐ Female      ☐ Black American      ☐ Asian-Pacific American      ☐ Other (specify): \_\_\_\_\_  
☐ Hispanic American      ☐ Native American      ☐ Subcontinent Asian American

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$1.32 million, that I have not recently manipulated my assets and liabilities, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## NOTARY CERTIFICATE

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year) before me appeared \_\_\_\_\_ (name),

who, being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by \_\_\_\_\_ (Name of firm) to execute the affidavit and did so as his or her own free act and deed.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(SEAL)



## Personal Net Worth Statement MBE or WBE Program Eligibility

This form is used by all applicants requesting certification by the South Carolina Small and Minority Business Contracting and Certification (SMBCC) Office. Each individual owner of a firm applying as a small minority business, whose ownership and control are relied upon for SMBCC certification must complete this form. Each person signing this form authorizes the SC Office of SMBCC to make inquiries as necessary to verify the accuracy of the statements made. The collected information will be used to determine whether an owner is a minority and operates a small business as defined by the *South Carolina Procurement Code of Regulations 19-445-2160 and Code of Federal Regulations (CFR) 49, Subtitle A, Part 26, Subpart D 26.67.*

Name of Business Owner:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Union	
Spouse's Full Name:		
Residence Address:	Residence or Cellular Phone:	
Business Name:	Business Phone:	
Business Address:		

### Section I. Assets and Liabilities

Assets	(Omit Cents)	Liabilities	(Omit Cents)
Cash and Cash Equivalents	\$	Loan on Life Insurance (Complete Section 5)	\$
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) Report full value minus tax and interest penalties that would apply if assets were distributed today. (Complete Section 3)	\$	Mortgages on Real Estate excluding Primary Residence Debt (Complete Section 4)	\$
Brokerage, Investment Accounts	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$
Assets Held in Trust	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$
Loans to Shareholders & Other Receivables (Complete Section 6)	\$	Other Liabilities (Complete Section 8)	\$
Real Estate excluding Primary Residence (Complete Section 4)	\$	Unpaid Taxes (Complete Section 8)	\$
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$		
Other Personal Property and Assets (Complete Section 6)	\$		
Business Interests other than the Applicant Firm (Complete Section 7)	\$		
Total Assets:	\$	Total Liabilities:	\$
			<b>NET WORTH:</b> \$
Salary:			\$
Yearly Investment/Real Estate Income:			\$

**Section II. Notes Payable to Banks and Others** (Use attachments if necessary.)

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency	How Secured or Endorsed Type of Collateral

**Section III. Brokerage and Custodial Accounts, Stocks, Bonds, Retirement Accounts** (Full Value)

(Use attachments if necessary.)

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/ Exchange	Total Value

**Section IV. Real Estate Owned** (including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property).  
List each parcel separately. Add additional sheets if necessary.

	Primary Residence	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (Purchase, inherit, divorce, gift, etc.)			
Name(s) on Deed			
Purchase Price			
Present Market Value			
Name of Mortgage Holder			
Mortgage Balance (as of date of form)			
Equity Line of Credit Balance			
Payment Amount per Month			



### Section V. Life Insurance Held

(Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

Add additional sheets if necessary.

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

### Section VI. Other Personal Property and Assets

Add additional sheets if necessary.

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Are this asset insured?	Lien or Note Amount and Terms of Payment
Automobiles and Vehicles (Including recreational vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				
Household Goods / Jewelry				
Other (List)				
Accounts and Notes Receivables				

### Section VII. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)

Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, closely held and Public Traded Corporations

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**Section VIII. Other Liabilities and Unpaid Taxes** (Describe)

Add additional sheets if necessary.

**Section IX. Transfer of Assets:**

Have you, within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have ownership or beneficial interest including a trust? ☐ Yes ☐ No If yes, describe.

I declare, under penalty of perjury, that the information provided in this personal net worth statement and supporting documents is complete, true, and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two (2) years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a state governmental agency. I understand that this agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal net worth statement for the purpose of verifying the information supplied and determining the applicant's and/or named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under state law concerning false statement, fraud or other applicable offenses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My commission expires

(SEAL)