

**CITY OF KALAMAZOO**  
**MBE/WBE**  
**Minority/Women Business Enterprise**

**CERTIFICATION**

Submitted by:

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Company Name

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Street Address

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City

State

Zip

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Telephone Number

Sole Owner,

Partnership,

Corporation,

Joint Venture

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Federal Employer I.D. No.

Nature of firm's business: \_\_\_\_\_

Number of years firm has been in business: \_\_\_\_\_

**INSTRUCTIONS**

Please fill out the form completely. The information contained herein is required to determine a firm's eligibility to participate in the City of Kalamazoo Purchasing/Risk Management Department's MBE/WBE Program.

**RETURN TO:**

City of Kalamazoo  
Purchasing/Risk Management Department  
241 West South Street  
Kalamazoo, MI 49007

**CITY OF KALAMAZOO**  
**MINORITY/WOMEN ENTERPRISE PROGRAM CERTIFICATION FORM**

**MINORITY AND WOMEN STATUS INFORMATION**

To participate in the City's MBE/WBE program it is necessary that you answer and submit the following:

1. Is the firm a minority business enterprise? (See definition below)

(Yes) \_\_\_\_\_% of MBE ownership      (No)

2. Is the firm a female owned enterprise? (see definition below)

(Yes) \_\_\_\_\_% of WBE ownership      (No)

3. Indicate ethnic affiliation:

<input type="checkbox"/>	Black	<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Asian

**DEFINITIONS**

Minority Business Enterprise: A minority business enterprise means a business entity in which more than 50% of the voting shares or interest in the enterprise is held by minority individuals and that the minority ownership of the enterprise have more than 50% level of management, investment and control of the company.

An individual will be classified as minority if that person is a member of any of the above ethnic groups and if that person is accepted as a member of the minority community.

Woman Business Enterprise: A women business enterprise is a business which is more than 50% owned, controlled and operated by a woman or women. Controlled is defined as exercising the power to make policy decisions. Operated is defined as actively involved in the day-to-day management. For the purpose of this definition, businesses which are publicly owned, joint stock associates and business trusts are exempt.

4. Do the minority or women owners, partners or stockholders have the major?
- A. Control over management Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Capital investment Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Interest in earnings (commensurate with the claimed minority/women ownership) Yes \_\_\_\_\_ No \_\_\_\_\_

5. Ownership of firm: Identify those who own 5% or more of the firm's ownership. Columns "e" and "f" need to be filled out only if the firm is less than 100% minority/women owned.

Title	(A) Name	(B) Race	(C) Sex	(D) Years of Ownership	(E) Ownership %	(F) Voting %
Owner						
President						
Vice President						
Secretary						
Treasurer						
Superintendent of Operations						
Foreman						
Other						

6. Firms with less than 100% minority/women owned, list the contributions of money, equipment, real estate or expertise of each of the owners:

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7. Is this firm an affiliate or subsidiary of a larger firm?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. If the answer to the above question is yes, give the name, address and telephone number of the affiliated firm(s):

NAME

ADDRESS

TELEPHONE NO.

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

9. What were the firm's gross receipts for each of the last two (2) years?

Year ending: \_\_\_\_\_ \$ \_\_\_\_\_

Year ending: \_\_\_\_\_ \$ \_\_\_\_\_

10. Name of your bonding company, if any: \_\_\_\_\_

11. Name, address and telephone number of the bonding agency you do business with:

\_\_\_\_\_

12. State your bonding limit: \_\_\_\_\_

**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and includes all material information necessary to identify and explain the operations of \_\_\_\_\_ (name of firm), as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contract, or if no prime, directly to the grantee current, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, if any, of the foregoing arrangements; and, to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

\_\_\_\_\_  
(Signature of Owner, Officer, Partner)

\_\_\_\_\_  
(Date)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNED: \_\_\_\_\_  
**Notary Public in and for the**

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

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

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