

## Recertification Application

# INSTRUCTIONS AND PROCESS

This application affords consideration for recertification as a Small, Minority or Women Business Enterprise (S/M/WBE) with the Palm Beach County's Office of Equal Business Opportunity (OEBO).

### Important Points to Remember

- A. Your application must be typewritten or legibly printed in ink. The application must be submitted with all documents. ***Please be advised that additional documentation may be required during the process of review.*** Applications are available in PDF fillable format and can be submitted online and in-person at the OEBO office. The address is indicated on the application. Contact the OEBO for more information.
- B. ***Prior to application submittal, if you do not want your financial information made public, you must inform OSBA of this in writing and schedule an appointment to have all (applicant and affiliate/subsidiaries when applicable) tax returns reviewed and returned.***
- C. **Please select the applicable box marked Y/N on page one (1) of this application to advise the OEBO of any changes made since your last certification. If changes were made or changes are requested, please complete page two (2) of the application.**
- D. Any changes (i.e. Firm name, address, ownership, business services, etc.) made since your last S/M/WBE certification must be updated on the Palm Beach County Purchasing Department Vendor Self- Service System (VSS) to be consistent with the information contained on the recertification application.
- E. A list of all required documents is included on the application.
- F. If approved, recertification will occur every three years. Site visits may be conducted prior to or during the term of the three year certification.
- G. The application review process takes up to ninety (90) business days after receipt of the complete application. Failure to submit all information requested will delay the processing.
- H. Upon completion of the review, a certificate of approval or letter of denial will be issued. If approved, your firm will be included in the Directory of Certified Vendors. If denied recertification by the OEBO, you may reapply one year from the date of denial.
- I. **DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY A CERTIFIED TRANSLATION.**
- J. All documents submitted to the Office of Equal Business Opportunity are be deemed to be public record, pursuant to Florida Statute Chapter 119.
- K. **PLEASE CLEARLY LABEL ALL BACK-UP DOCUMENTATION.**
- L. **YOU WILL BE NOTIFIED IN WRITING AS TO THE APPROVAL AND DENIAL.**
- M. **If you need assistance in reapplying for S/M/WBE recertification, please contact the OEBO at 561-616-6840.**



## RECERTIFICATION APPLICATION

Company Name \_\_\_\_\_ PBC Vendor ID No. \_\_\_\_\_

Current Certification Status:  Small Business Enterprise (SBE)     Small/Minority Business Enterprise (S/MBE)     Small/Woman Business Enterprise (S/WBE)     Small/Minority/Woman Business Enterprise (S/M/WBE)

Business Owner(s) \_\_\_\_\_ [ ] M [ ] F    [ ] Asian    [ ] Black/African-American  
 \_\_\_\_\_ [ ] M [ ] F    [ ] Hispanic    [ ] Native-American  
 \_\_\_\_\_ [ ] M [ ] F    [ ] White (non-Hispanic)

**(Select all boxes that apply) – If yes, complete page three (3) of this recertification application.**

Y / N

- Changes made to the information reported on the businesses most recent certification application on file with OEBO.
- Changes in ownership of the business.
- Changes in operational and/or managerial control of the business, including the board of directors and/or its officers that may affect the certification status of the business.
- Change to the address of the business.
- Change to the legal structure of the business.
- Changes in services provided. This includes additions and deletions.

### CERTIFICATION RENEWAL REQUIRED DOCUMENTS CHECKLIST

A written explanation on company letterhead is required for all documents that are not submitted but are applicable to your business. The OEBO reserves the right to request additional information and conduct on-site visits during the recertification process. Please note that all documents submitted will become public record. A cursory review of your application is available upon request. **If you do not wish to have your taxes as a part of the public record, you may request to have them reviewed by an OEBO Small Business Specialist.** You may contact the office at 561.616.6840 to schedule an appointment.

- Federal Tax returns (and requests for extensions) filed by the firm with related schedules, for the past three years.
- Sole Proprietor Only:** Most recent three years personal federal tax returns that include a Schedule C and requests for extensions.
- Federal tax returns (and requests for extensions) for subsidiaries and/or affiliates, including all schedules, if applicable.
- Current Palm Beach County Business Tax Receipt and Municipal Business Tax Receipt, when applicable.
- Copy/Copies of professional license(s) or Certificate of Competency or permit(s).
- Copy of current lease agreement or property tax bill.
- Current list of employee(s) with date of employment/hire and position/title for both full & part-time.
- Current Reemployment tax form RT-6 or form 941.
- Copies of 1099 for independent contracted employees.
- Largest contract to date, to include the date of the project, the owner of the contract and service rendered.
- Provide copies of your insurance and/or bonding to include agent/company and capacity/coverage amount.
- List of any new equipment not listed in original certification.

INSTRUCTIONS: Please complete and check the information below to identify the changes made to your business. Failure to identify any changes in your business may result in denial of your request. The form must be signed by an owner, officer or authorized agent of the applicant company and properly notarized. Additional documents may be requested.

**{Proof must be attached for minority/woman designation}**

**CHANGE CERTIFICATION DESIGNATION:**     SBE     S/MBE     S/WBE     S/M/WBE

**CHANGE BUSINESS NAME AND/OR ADDRESS:**

Name of business currently on file with OEBO: \_\_\_\_\_

Check if change in business name (with fictitious name if applicable)

New Business Name: \_\_\_\_\_

Check if new address

New Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ADD SERVICE CODES:**

NIGP Codes: \_\_\_\_\_

**CHANGE BUSINESS CATEGORY:**

Construction     CCNA Professional     Goods

Other Services     Professional (Non-CCNA)

*Note: Supporting invoices, contracts, and/or proposals should accompany newly added service codes.*

**DELETE SERVICE CODES:**

NIGP Codes \_\_\_\_\_

**CHANGE OF BUSINESS STRUCTURE:**

Sole Proprietor     Corporation     Partnership

Limited Liability Company (LLC)

Change of Federal I.D. No. \_\_\_\_\_

**CHANGE OF QUALIFIER(S):**

| Name | License No. | Check Action |        |
|------|-------------|--------------|--------|
|      |             | Add          | Remove |
|      |             |              |        |
|      |             |              |        |
|      |             |              |        |

**CHANGE(S) OF OWNERSHIP & OFFICERS:**

| Name | Title | Check Type of Action |        | Indicate % of Ownership |     |
|------|-------|----------------------|--------|-------------------------|-----|
|      |       | Add                  | Remove | Previous                | New |
|      |       |                      |        |                         |     |
|      |       |                      |        |                         |     |
|      |       |                      |        |                         |     |

**AFFIDAVIT OF RECERTIFICATION**

*This form must be signed and notarized by the majority owner(s) upon which the certification status is relied.*

The undersigned does hereby declare that the statements contained in the Recertification application and all documents, which have been provided in support of this application (hereafter referred to as THIS APPLICATION), are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of:

\_\_\_\_\_
  
*(Insert full name of the applicant company here)*

Further, the undersigned agrees to provide the Office of Equal Business Opportunity (hereafter referred to as the AGENCY) with current, complete, and accurate information regarding THIS APPLICATION, its documents, or any project or contracts issued by the organizations or corporations utilizing the AGENCY for their own small business enterprise, minority business enterprise, and/or woman-owned business enterprise procurement and/or construction programs. The undersigned further agrees that, as a part of this renewal procedure, the AGENCY may freely contact any person or organization named in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data required to grant to, or withhold from, the applicant company certification as a Small Business Enterprise (SBE), or Small/Minority Business Enterprise (S/MBE), or Small/Woman Business Enterprise (S/WBE), or Small/Minority/Woman Business Enterprise (S/M/WBE). The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of the application for certification or recertification.

Further, the undersigned acknowledges that there are no written, oral or tacit agreements concerning the control and financial operation of the firm between any persons associated with the firm.

Further, the undersigned understands that all documents submitted will become public record.

*Further, the undersigned acknowledges on behalf of the applicant business that the applicant business is ready, willing and able to perform work for Palm Beach County Commissioners and intends to actively compete for such opportunities with the Board of County Commissioners as are within the applicant’s scope of business.*

The undersigned acknowledges that certification is normally reviewed every three years; however, the AGENCY retains the right to reevaluate the certification of any firm at any time. The undersigned further acknowledges that should the AGENCY change the eligibility requirements for certification during the three-year certification period, the applicant must meet all new eligibility requirements in order for the certification to remain valid.

**FRAUD**

It is recognized and acknowledged that the statements contained in THIS APPLICATION are true and that any material misrepresentation will be grounds for denial of recertification or for decertification and may result in not awarding or terminating contracts which may be awarded as the result of information contained in THIS APPLICATION. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.

The undersigned acknowledges that he/she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement, to any official of a certifying jurisdiction or employee for the purpose of influencing the certification of an entity as an SBE, S/MBE, S/WBE, or S/M/WBE; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested a renewal of their certification.

The applicant further understands that false statements or material misrepresentation made in this application will be grounds for initiating action under local, state, and federal laws, which deal with fraud and perjury. The AGENCY may initiate actions, as it deems appropriate, including but not limited to, forwarding pertinent information to the appropriate governmental authorities.

\_\_\_\_\_
Signature Name and Title (type or print) Date

State of Florida
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_,
\_\_\_\_\_ (year), by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_
Signature of Notary Public