

MISSISSIPPI DEVELOPMENT AUTHORITY
MISSISSIPPI

Minority & Small Business Development Division

CERTIFICATION APPLICATION



Mississippi Minority Business Enterprise Act 57-69
Small Business ACT 15 USCS, Section 637 (a)
Federal SBA 13 CFR Part 121; 124

MAIL TO:

Mississippi Development Authority
Minority & Small Business Development Division
Post Office Box 849
Jackson, Mississippi 39205
Phone: (601) 359-3448 Fax: (601) 359-5290
www.mississippi.org

Revised 08/29/17

ROADMAP FOR APPLICANTS

1. Should I apply?

Your firm must meet the following requirements to qualify as a Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) under Mississippi's Minority Business Enterprise Act Section 57 Chapter 69. The Mississippi Development Authority (MDA) uses the following and supplemental regulations to the Mississippi Minority Business Enterprise Act.

- ⇒ **Small Business Act 15 USCS, Section 637(a).**
- ⇒ **Federal SBA Regulations 13 CFR Parts 121 and 124.**
- a) For the purpose of certification, MBE/WBE owners must have 75% residency in the State of Mississippi; and, for the purpose of financing through the Minority Business Enterprise Loan Program, MBE/WBE owners must have at least 50% residency in the State of Mississippi.
- b) For the purpose of certification, a firm must be at least 51% owned and controlled by socially and economically disadvantaged individuals; and, for the purpose of financing through the Minority Business Enterprise Loan Program, a firm must be at **least 60% owned and your net worth cannot be more than \$500,000** and controlled by socially and economically disadvantaged individuals.
- c) Firms and owners must meet the requirements of Small Business Act 15 USCS, Section 637 (a) and Federal SBA Regulations 13 CFR Parts 121 and 124.
- d) Firms must be a for profit business.

Note: All firms shall be subject to an on-site review.

2. What documents must I submit with this application?

Please review the following lists and submit the documents listed under the 'All Applicants' section and the documents listed under your firm's classification or status.

ALL APPLICANTS

- ___ Work experience resumes that include places of ownership/employment and corresponding dates
- ___ Personal Financial Statement (form enclosed)
- ___ Affidavit of Certification Statement (form enclosed)
- ___ Social & Economic Disadvantage Statement (form enclosed)
- ___ Entire copy of personal tax returns (federal & state) w/W-2's for the last 3 years
- ___ End of Year Balance Sheets and Income Statements for the past 3 years (or life of firm if less than 3 years or Schedule C's) (A new business must provide a current Balance Sheet.)
- ___ Copies of relevant licenses (city privilege tax, trade, state tax, etc.)
- ___ Bank Authorization and/or Signatory cards for Business account
- ___ Business Plan/Executive Summary and Business Projections

SOLE PROPRIETORSHIP

- ___ Assumed name, fictitious name or other registration certificate from appropriate government agency (verify with business card, letterhead, or etc., if available)

PARTNERSHIP OR JOINT VENTURE

- ___ Partnership or Joint Venture Agreement
- ___ Certificate from appropriate government agency, if applicable
- ___ Tax Returns for 3 years, if applicable

CORPORATION, LLC or PLLC

- ___ Articles of Incorporation (Must be an active corporation)
- ___ Corporate Tax returns for the last 3 years, if applicable
- ___ Operating Agreement
- ___ Recent Shareholders/ Board of Directors minutes (within the past year)
- ___ Corporate By-laws and Amendments

⇒ **NOTE: MDA's Minority & Small Business Development Division reserves the right to request additional documentation.**

⇒ **Where can I find more information?**

Visit www.mississippi.org or contact MDA Minority & Small Business Development Division at: (601) 359-3448.

Section 1: GENERAL INFORMATION

1. Contact Information.

Contact person:		Contact Email:	
Business Name:		Phone #:	
Cell #:	Fax #:	Web Site:	
Street Address:		City:	State: MS Zip:
Mailing Address:		City:	State: Zip:

2. Business Profile.

Primary Nature of Business:		
NAICS Codes:		
Federal Tax ID:		Applicant's Social Security Number:
Firm Established on ____/____/____		Firm owned since: ____/____/____
Did the business exist under a different type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Explain:		
<input type="checkbox"/> New Business or <input type="checkbox"/> Existing Business?		
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, explain:		
Is this business affiliated with other businesses <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide business names here:		
Type of firm (Check all applicable.):		
<input type="checkbox"/> Sole proprietorship (Provide a copy of the assumed name certificate or see Road Map for Certification.)		
<input type="checkbox"/> Partnership (Provide copies of all partnership agreements and the assumed name certificate.)		
<input type="checkbox"/> Corporation (Provide Articles of Incorporation, copies of the stock certificates (both sides), Stock Transfer Ledger, Shareholders' Agreement, all minutes of the shareholders' meetings and Board of Directors' meetings, the Corporate Bylaws and Bylaw Amendments (if applicable), the Corporate Bank Resolution and Bank Signature Cards.)		
<input type="checkbox"/> Limited Liability Partnership		
<input type="checkbox"/> Limited Liability Corporation		
<input type="checkbox"/> Joint Venture		
Is your business certified by any of the following other organizations?		
SBA 8(a) <input type="checkbox"/> Yes <input type="checkbox"/> No Expires on ____/____/____		
DBE/MDOT/JMAA <input type="checkbox"/> Yes <input type="checkbox"/> No Expires on ____/____/____		
WBENC <input type="checkbox"/> Yes <input type="checkbox"/> No Expires on ____/____/____		
NMSDC <input type="checkbox"/> Yes <input type="checkbox"/> No Expires on ____/____/____		
Number of employees: Permanent Full-time _____ Temporary Full-time _____ Seasonal Full-time _____		
Permanent Part-time _____ Temporary Part-time _____ Seasonal Part-time _____		
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, explain:		
Specify the gross receipts of the firm for the last 3 years: Year ending _____ Total receipts \$ _____		
(Attach copies of full tax returns for each year.) Year ending _____ Total receipts \$ _____		
Year ending _____ Total receipts \$ _____		

Section 2: OWNERSHIP

3. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm and attach the documentation of the source of these investments. (Attach work experience resumes of each person. If more than two owners, attach a separate sheet.)

First Person

Name:		Title:	Home Phone #:	
Home Address (street and number):		City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group (Attach proof of status.):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian	
	<input type="checkbox"/> Other Ethnic Group (Explain.) _____			
Percentage owned:				
Primary Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		Family relationship to primary owner:		
<input type="checkbox"/> Own or <input type="checkbox"/> Lease Primary Residence		If owned, do you have a mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mortgage Company Name:				
Address:		City:	State:	Zip:
<input type="checkbox"/> Company Officer or <input type="checkbox"/> Board of Directors Member		Date Appointed:		
Does the owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Business Name:		Function Performed:		
Business Name:		Function Performed:		

Second Person

Name:		Title:	Home Phone #:	
Home Address (street and number):		City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group (Attach proof of status.):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian	
	<input type="checkbox"/> Other Ethnic Group (Explain.) _____			
Percentage owned:				
Primary Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		Family relationship to primary owner:		
<input type="checkbox"/> Own or <input type="checkbox"/> Lease Primary Residence		If owned, do you have a mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mortgage Company Name:				
Address:		City:	State:	Zip:
<input type="checkbox"/> Company Officer or <input type="checkbox"/> Board of Directors Member		Date Appointed:		
Does the owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Business Name:		Function Performed:		
Business Name:		Function Performed:		

Section 3: CONTROL

4. Identify Officers & Board of Directors. (Attach work experience resumes of each person. If additional space is required, attach a separate sheet.)

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
	4.			
	5.			
Board of Directors	1.			
	2.			
	3.			
	4.			
	5.			

5. Financial Information.

<p>(a) Banking Information</p> <p>Name of Bank: _____ Phone #: (____) _____</p> <p>Name of Officer: _____</p> <p>Address of Bank: _____ City: _____ State: _____ Zip: _____</p>	
<p>(b) Bonding Information. If you have bonding capacity, identify:</p> <p>Name of Agent/Broker: _____ Phone #: (____) _____</p> <p>Address of Agent/Broker: _____ City: _____ State: _____ Zip: _____</p> <p>Bonding limit: Aggregate limit \$ _____ Project limit \$ _____</p>	
<p>(c) Attach copies of year-end balance sheet and profit and loss (income) statements for the last 3 years, or if business has been in operation for less than one year, provide a current balance sheet, a projected profit and loss statement for the next 12 month period and a projected balance sheet for the end of that period.</p>	

6. List current licenses (e.g., contractor, engineer, architect, ICC, etc.). (Attach copies of licenses.)

Name of Individual or Firm	Name of License	Expiration Date	License Number
1.			
2.			
3.			

AFFIDAVIT OF CERTIFICATION

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the 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 recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, 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 a government audit, examination and review of books, records, documents and files; in whatever form they exist, of the named firm and its affiliates; inspection of its place(s) of business and 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 the recipient agency or Certification Program (CP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

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 federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of owner, officer or managing partner _____ Date (mm/dd/yy) _____

I declare under penalty of perjury that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

NOTARY CERTIFICATE	
STATE OF _____	} SS:
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20____.	
Printed/typed name of Notary Public _____	
Signature of Notary Public _____	
County of residence _____	Date commission expires _____

AFFIDAVIT OF SOCIAL AND ECONOMIC DISADVANTAGE

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

SOCIAL DISADVANTAGE

I hereby certify under penalty of perjury that I am a member of one of the following groups:

- African American Hispanic Native American
 Asian Pacific Asian Indian Female
 Other Ethnic Group (*explain*) _____

And that I have held myself out as a member of that group and have acted as a member of that group.

I further certify that I am an owner of the company seeking MBE WBE certification and that I have experienced social disadvantage due to the effects of discrimination based upon my (check all that apply).

- Race Ethnicity Gender Other (*explain*)

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

NOTARY CERTIFICATE

STATE OF _____

} SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Printed/typed name of Notary Public _____

Signature of Notary Public _____

County of residence _____ Date commission expires _____

PERSONAL FINANCIAL STATEMENT

I, the undersigned hereby certify, under penalty of perjury, that my personal net worth is less than **\$750,000.00** for eligibility to the MBE/WBE Certification Program, and for the purpose of financing through the Minority Business Enterprise Loan Program, my personal net worth is less than **\$500,000.00** consistent with the provisions UNDER MISSISSIPPI'S MINORITY BUSINESS ENTERPRISE ACT SECTION 57 CHAPTER 69 HOUSE BILL 1349 AND SENATE BILL 2685 (2006 REGULAR SESSION).

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

NOTARY CERTIFICATE

STATE OF _____

} SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Printed/typed name of Notary Public _____

Signature of Notary Public _____

County of residence _____ Date commission expires _____

PERSONAL FINANCIAL STATEMENT

As of _____, _____

Complete this form for: (1) each proprietor, (2) each limited partner who owns 20% or more interest and each general partner, (3) each stockholder owning 20% or more of voting stock or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residential Address	Residential Phone
City, State, & Zip Code	

Business Name of Applicant/Borrower

ASSETS <i>(Omit Cents)</i>	LIABILITIES <i>(Omit Cents)</i>
Cash on Hand & in Banks\$ _____	Accounts Payable\$ _____
Savings Accounts\$ _____	Notes Payable to Banks and Others\$ _____
IRA or Other Retirement Account.....\$ _____	Installment Account (Auto).....\$ _____
Accounts & Notes Receivable.....\$ _____	Mon. Payments \$ _____
Life Insurance-Cash Surrender Value Only ..\$ _____	Installment Account (Other).....\$ _____
Stocks and Bonds\$ _____	Mon. Payments \$ _____
Real Estate.....\$ _____	Loan on Life Insurance\$ _____
Automobile-Present Value\$ _____	Mortgages on Real Estate.....\$ _____
Other Personal Property\$ _____	Unpaid Taxes\$ _____
Other Assets\$ _____	Other Liabilities\$ _____
Total\$ _____	Total Liabilities\$ _____
	Net Worth.....\$ _____
	Total\$ _____

Section 1: Source of Income	Contingent Liabilities
Salary.....\$ _____	As Endorser or Co-Maker\$ _____
Net Investment Income.....\$ _____	Legal Claims & Judgments\$ _____
Real Estate Income.....\$ _____	Provisions for Federal Income Tax\$ _____
Other Income (Describe below)*\$ _____	Other Special Debt\$ _____

Description of Other Income in Section 1.

I authorize MDA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the Attorney General of the State of Mississippi.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number: