



Mail to:
City of Winston-Salem
M/WBE Section 3 Program
P.O. Box 2511
Winston-Salem, NC 27102

Section 3 Program

To qualify for M/WBE status, 51 percent of the company must be owned and operated by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians, Asian Pacific Rim Americans and American women. The phrase "owned and operated" as used in this definition means a business which is (1) a sole proprietorship legitimately owned by an individual who is a minority or female, (2) a partnership or joint venture controlled by minorities and/or females, and in which at least 51 percent of the beneficial ownership interests legitimately are held by minorities or females, or (3) a corporation or other entity controlled by minorities or females, and in which at least 51 percent of voting interest and 51 percent of the beneficial ownership interests are legitimately held by minorities or females. In addition, these persons must control the management and operation of the business on a day-to-day basis.

The following information is submitted for consideration in determining the status of the firm named below as a Minority/Women Business Enterprise.

1. Name of Firm: _____

2. Mailing Address _____

City: State: Zip: _____ State: _____ Zip: _____

3. Telephone Number: (____) _____ Fax Number: (____) _____ E-mail: _____

4. Contact Person: _____

5. This firm is a (check all that apply): [] Sole Proprietorship [] Partnership [] Joint Venture [] Corporation [] Other (specify)

(In the event that a majority company has been restructured or stock reissued so that a minority or woman becomes owner, said company must wait two years from restructuring or reissue before seeking certification.)

6. This firm is seeking a certification as a (check all that apply): [] Minority Business Enterprise [] African-American, [] Hispanic-American, [] Native-American, [] Asian Pacific Rim American [] Women Business Enterprise (White female)

7. This firm is seeking certification as a (check all that apply): [] Section 3 Business [] Section 3 Owned Business [] Section 3 Resident

8. The type of business of this firm is (check all that apply): [] Manufacturing [] Distributorship [] Construction [] Professional Service [] Service [] Other

9. This firm is involved in the following services or commodities for which we/I would like it to be recognized. To assist us in helping to market your business, please attach any additional support documentation as shown in Item 11.

10. Date company established: _____ Date Incorporated (if applicable): _____

How long has firm operated under current name? _____

Has the firm operated under a previous name? [] Yes [] No If yes, please list any former names and address(es):

11. To verify your firm's status as a MIWBE, please provide copies of at least three of the following items:

- | | | |
|--|---|---|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Assumed Name Certificate | <input type="checkbox"/> Banking Signature Card |
| <input type="checkbox"/> Business License | <input type="checkbox"/> By-Laws | <input type="checkbox"/> Franchise Agreements |
| <input type="checkbox"/> Lease Agreements | <input type="checkbox"/> Loan Agreements | <input type="checkbox"/> Partnership /Joint Venture Agreement |
| <input type="checkbox"/> Purchase Agreements | <input type="checkbox"/> Stock Certification | <input type="checkbox"/> Corporate Borrowing Resolution |
| <input type="checkbox"/> Federal Tax Return | <input type="checkbox"/> Financial Statement | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Receipts for Capital | <input type="checkbox"/> SBA 8(a) Certification | _____ |

12. Identify all individuals who own or share ownership of this firm:

Name	Race	Sex	Percentage Ownership	Voting Percentage	Years of Ownership
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. List contributions of each of the owners:

Name	Money	Equipment	Real Estate
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

14. Identify all individuals (owners and non-owners) who are responsible for the firm's day-to-day management. This should include, but not be limited to, those with primary responsibility for any of the following items:

Category	Name	Race	Sex	Title	Years with Firm
Administrative Decisions:	_____	_____	_____	_____	_____
Estimating:	_____	_____	_____	_____	_____
Financial Decisions:	_____	_____	_____	_____	_____
Management of Office Operations:	_____	_____	_____	_____	_____
Marketing & Sales:	_____	_____	_____	_____	_____
Personnel Decisions	_____	_____	_____	_____	_____
Purchase of Major/ Items & Supplies:	_____	_____	_____	_____	_____
Supervision of Field Operations:	_____	_____	_____	_____	_____

Attach a summary of qualifications for all individuals listed above (provide names, complete addresses and years of experience of all owners, partners and stockholders).

15. Attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners and/or third parties which restrict ownership or control of the minority or women owners.

16. What were the gross receipts of your firm for each of the last two years? Copies of IRS tax forms for each year must be submitted.

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

18. Federal Employer ID No.: _____ (IRS 941 Form) SS No.: _____ No. of Employees: _____

19. Is the firm authorized to do business in North Carolina in general, and Winston-Salem in particular, including all business licenses?
 Yes (If so, provide copies of all business licenses) No

20. Indicate if this firm has previously received, been denied, or had revoked certification or participation as a M/WBE with any agency or municipality. Indicate by whom and the date: _____

20a. List most significant clients, projects or jobs within the past two years:

Firm Name/Address	Contact Person Area Code/Phone	Type of Project/Project Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20b. Please list credit and business references that can provide information for this evaluation:

Credit	Business
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____
Account #: _____	Account #: _____
Contact Person: _____	Contact Person: _____

SECTION 3 PROGRAM

It is the policy of the Congress and the purpose of this Section 3 policy to ensure that the employment and other economic opportunities generated by Federal financial assistance for housing and community development programs shall, to the greatest extent feasible, be directed toward low and very low income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low and very low income persons.

I am applying for certification as:

SECTION 3 BUSINESS

Section 3 Business Concern means a business concern:

- (1) That is 51% or more owned by Section 3 resident; or
- (2) Whose permanent, full-time employees include persons, at least 30% of whom are currently Section 3 residents, or within three years of the date of first employment with the business were Section 3 resident(s); or
- (3) That provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications set forth in paragraphs (1) or (2) in this definition of "Section 3 Business Concern."

SECTION 3 RESIDENT

Section 3 Resident available for employment or training opportunities and is:

- (1) A public housing resident, or
- (2) An individual who resides in the metropolitan area or non-metropolitan area in which the Section 3 covered assistance is expended, and who is:
 - (i) A low-income person whose incomes do not exceed 80% of the median income for the area; r
 - (ii) A very low-income person whose incomes do not exceed 50% of the median income for the area.

RESIDENT-OWNED BUSINESS

Resident-owned business means:

Any business concern which is owned and controlled by public housing residents or eligible Section 3 individuals:

- (1) Which is at least 51% owned by one or more public housing resident(s) or eligible Section 3 individuals; and
- (2) Whose management and daily business operations are controlled by one or more such individuals (public housing residents or eligible Section 3 individuals).

CONDITIONS OF APPLICATION

Your signature on this application indicates your acceptance and understanding of the conditions to qualify as a certified M/WBE firm with the City of Winston-Salem.

- Omission of information may be cause for this application not receiving timely and complete consideration.
- Applicant agrees to allow the MIWBE Coordinator access to the right to inspect the applicant’s place of business.
- The City of Winston-Salem reserves the right to request further information from applicant prior to certification.
- Applicant agrees to all information being verified.
- The applicant has received and reviewed the M/WBE criteria.
- Any information submitted which is determined to be false shall be grounds for denial of certification and if certification has been granted shall be grounds for decertification.
- The applicant agrees to notify the M/WBE Coordinator of any change in ownership, management control or business status.
- All information and documents submitted with this application shall become the property of the City of Winston-Salem.

REQUEST FOR ADDITIONAL INFORMATION THAT MIGHT APPLY TO FIRMS IN THE CONSTRUCTION TRADES:

- 1a. Indicate type of NC Contractor’s License: _____ Number: _____
 Expiration Date: _____ Name of License Holder: _____
- 1b. If firm is a potential prime contractor, give name of bonding company and bonding limit (if applicable):

- 1c. Firm’s maximum operating radius: _____ miles.

AFFIDAVIT

The undersigned certifies that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ as well as the ownership thereof. Any material misrepresented will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

Signature: _____
(Signature affirms said business is a minority or women business enterprise and/or Section 3 Business and that all information is true and accurate.)

Name of Firm: _____

Title: _____ Date: _____

CORPORATE SEAL (where appropriate)

THIS APPLICATION MUST BE NOTARIZED BY ALL BUSINESSES SEEKING CERTIFICATION

State of _____ County of _____ On this ____ day of _____, 20____, before me appeared _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by _____ to execute the affidavit and did so as his or her free act and deed.

(SEAL)

Notary Public: _____

My Commission Expires: _____