

IMPORTANT INFORMATION FOR APPLICANT

To be eligible, a firm must be an existing independent small business (as defined by the Federal Regulations) that is owned and controlled, at least 51%, by socially and economically disadvantaged individuals. Each firm seeking certification must demonstrate to the Office of Business Development that it meets the requirements of Chapter 49 of the Code of Federal Regulations, Part 26 concerning group membership or individual disadvantage, business size, ownership, and control. Firms seeking DBE certification shall cooperate fully with requests for information relevant to the certification process. Failure or refusal to provide such information is a ground for denial or removal of certification.

The DBE program has certain specifications for business size and personal net worth. For continued eligibility, a firm must not exceed their business-type North American Industry Classification System Code (NAICS) limit which is averaged over a three-year period. Further, there is a personal net worth limit of \$750,000.

After completing the first six sections of the application, companies that are applying as a corporation must complete section VII, companies applying as a limited liability company must complete section VIII, and companies applying as a partnership must complete section IX.

This certification will last for a three-year period. However, there is a requirement for the submission of an annual affidavit. This affidavit will outline any changes that have occurred within the company for the past 12-month period and will also ask for the submission of business and financial information for both the business and individual owners. Please note that major changes in the structure of the company are to be reported to our office within 30 days of the change.

Once completed, return the application and all supporting documentation to the following address:

**Office of Business Development
1240 West 6th Street
2nd Floor
Cleveland, Ohio 44113
(216) 566-5044**

A completed application consists of adequate responses to all applicable areas and submittal of all applicable supporting documentation.

Greater Cleveland Regional Transit Authority
Office of Business Development
Renewal Application

Company Name _____ Parent Company Name _____
Mailing Address _____ City _____ State _____ Zip _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Website _____

	1	2	3
Owner's Name	_____	_____	_____
Title	_____	_____	_____
% of Ownership	_____	_____	_____
Personal Net Worth	_____	_____	_____
Race/Gender	_____	_____	_____
E-mail Address	_____	_____	_____

EMPLOYMENT DATA

Employment at this establishment - Report all permanent full time or part-time employees including apprentices and on-the job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

JOB CATEGORIES	Number Of Employees										
	Overall Totals Sum Of Col B Thru K	Male					Female				
		White (Not of Hispanic Origin)	Black (Not of Hispanic Origin)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	White (Not of Hispanic Origin)	Black (Not of Hispanic Origin)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
Officials and Managers 1											
Professionals 2											
Technicians 3											
Sales Workers 4											
Office and Clerical 5											
Craft Workers (Skilled) 6											
Operatives (Semi Skilled) 7											
Laborers (Unskilled) 8											
Service Workers 9											
TOTAL 10											
Total employment reported in previous EEO-1 report 11											
(The trainees below should also be included in the figures for the appropriate occupational categories above)											
Formal On-the-Job Trainees	White collar 12										
	Production 13										

1. Date(s) of payroll period used: _____

North American Industry Classification System (NAICS) Codes _____

(visit the website for more information www.census.gov/epcd/www/naics.html)

Greater Cleveland Regional Transit Authority
Office of Business Development
Renewal Application

Product/Service Description _____

Major Customers	1. _____	2. _____
	3. _____	4. _____

I/we understand that once accepted the certification can be terminated based upon, but not necessarily limited to:

1. Cessation of the business operation by the disadvantaged business concern
2. Submission of false information intentionally supplied in preparation of the application
3. Failure or refusal to provide timely notice to the **GCRTA** of the transfer or loss of ownership, management and/or control of the business by the disadvantaged group member(s)
4. The sale, exchange or transfer of ownership of the disadvantaged business concern, if such transaction results in the loss of control or ownership of the business concern by disadvantaged group members
5. A change in the personal net worth or the threshold amount, based on the company's gross profits, that would exceed the recommended standards as outlined by 49 CFR part 26

I/we have completed the application for re-certification through the **Greater Cleveland Regional Transit Authority** and hereby affirm that the information contained in this application is true and accurate to the best of my/our knowledge and belief. I/we understand that completion of this application, and its attachments, will not be the sole criteria for determining continued eligibility as a certified Disadvantaged Business Enterprise. I affirm that there have been no changes in the circumstances of _____ affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR part 26. There have been no material changes in the information provided with _____ application for certification, except for any changes about which you have provided written notice to the GCRTA's Office of Business Development under 26.83(i). _____ meets Small Business Administration (SBA) criteria for being a small business concern and its average annual gross receipts (as defined by SBA rules) over the firm's previous three fiscal years do not exceed \$16.6 million. Please sign, have notarized and return the original to the **GCRTA's Office of Business Development**. In addition please attach with this affidavit documentation of your firm's size and gross receipts.

Principal Owner (print)	Signature	Title	Date
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Be it known that on the _____ of _____, _____ before the subscriber, a notary public, State of _____, County of _____ personally came _____.

Notary Public _____

It is very important that you attach your most current federal tax return for your company when you return this application

**The Greater Cleveland Regional Transit Authority
Office of Business Development**

Affidavit of Personal Net Worth

As of December 31, _____

The Greater Cleveland Regional Transit Authority requires each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of personal net worth, with appropriate supporting documentation, 49 CFR, 26.67(2). Each owner must complete their own personal net worth statement. This form may be copied.

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Name of Applicant Business	

Assets	(Omit Cents)	Liabilities	(Omit Cents)
Cash on hand and in banks	\$ _____	Accounts payable	\$ _____
Savings accounts	\$ _____	Notes payable to banks and others (Section 1)	\$ _____
IRA or other retirement accounts	\$ _____	Installment account (Auto)	\$ _____
Accounts and notes receivable	\$ _____	Installment account (other)	\$ _____
Life Insurance – cash surrender Value only (Section 7)	\$ _____	Loan on life insurance	\$ _____
Stocks and Bonds (Section 2)	\$ _____	Mortgages on real estate (Section 3)	\$ _____
Real estate (Section 3)	\$ _____	Unpaid taxes (Section 5)	\$ _____
Automobiles – estimated current Value	\$ _____	Other liabilities (Section 6)	\$ _____
Other personal property (Section 4)	\$ _____	Total Liabilities	\$ _____
Other assets (Section 4)	\$ _____	Net Worth	
Total Assets	\$ _____	Total Assets minus Total Liabilities	
		\$ _____

Section 1. Notes payable to bank and others. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Name and address of note holder(s)	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	Secured or endorsed (type of collateral)

Section 2. Stocks and bonds. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Number of shares	Names of securities	Year-end market value per share	Year-end market value of total shares

Section 3. Real estate owned. List each parcel separately. Exclude your primary residence. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

	Property A	Property B	Property C
Type or property			
Address			
Date purchased			
Original cost			
Estimated current value			
Name and address of mortgage holder			
Mortgage balance			

Section 4. Other personal property and other assets. List each asset with an estimated current value. Exclude the value of the applicant business. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Section 5. Unpaid taxes. List the type and the amount. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Section 6. Other liabilities. List the estimated current value of all other liabilities. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Section 7. Life insurance held. List the face amount and cash surrender value of all policies along with the name of the insurance company and beneficiaries. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

I authorize the Greater Cleveland Regional Transit Authority to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE program at the Greater Cleveland Regional Transit Authority. These statements are true and correct to the best of my belief.

Print Name: _____
Signature: _____ Date: _____

On this _____ day of _____ before me appeared (name of
Above who signed affidavit _____ to
me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she
was properly authorized to execute the affidavit and did so of his or her own free act and deed.

Notary Public _____
State of _____
Commission expires _____



The Greater Cleveland Regional Transit Authority
Office of Small Business and Equal Opportunity

Affidavit of Social and Economically Disadvantaged Status

The Greater Cleveland Regional Transit Authority requires each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of social disadvantaged status, with appropriate supporting documentation, 49 CFR, 26.67(a) (1). This page may be copied if necessary.

Name	Business Phone
Residence Address	Home Phone
City, State & Zip Code	
Name of Applicant Business	

Determination Of Social And Economic Disadvantage Statement

“In considering whether an owner or manager has experienced social disadvantage based upon the effect of discrimination, the appellant for DBE status shall take into account whether the owner or manager has held himself or herself out to be a member of a disadvantaged group, has acted as a member of a community of disadvantaged person, and would be identified by persons in the population at large as belonging to the disadvantaged group.”

I certify that I have read and understand the above statement. I further certify that as owner or manager of this business, I have experienced social disadvantage because of the effects of discrimination based on (mark all that apply):

_____ Race _____ Ethnicity _____ Gender _____ Other (Please explain on separate sheet)

Print Name: _____

Signature: _____ Date: _____

On this _____ day of _____ before me appeared (name of above who signed affidavit) _____
to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized to execute the affidavit and did so of his or her own free act and deed.

Notary Public _____
State of _____
Commission Expires _____