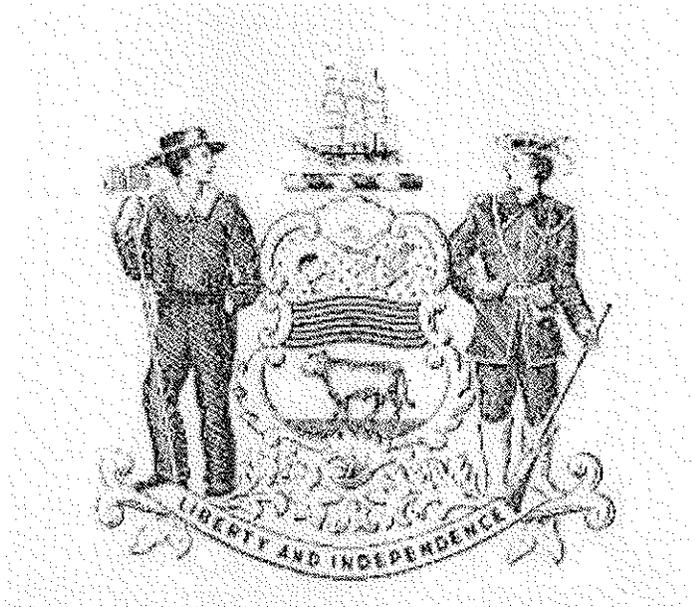




**State of Delaware**  
**Office of Supplier Diversity**  
**Certification Application**



**Complete application and mail, email or fax to:**

Office of Supplier Diversity (OSD)  
100 Enterprise Place, Suite 4  
Dover, DE 19904-8202  
Telephone: 302-857-4554 Fax: 302-677-7086  
Email: [osd@state.de.us](mailto:osd@state.de.us)  
Web site: <http://gss.omb.delaware.gov/osd/>

## **Important Information Please Read!**

### **Is my firm eligible?**

A minority, veteran and/or women owned business (sole-proprietorship, partnership, corporation or joint venture) must meet the following criteria:

- a) Minority groups include: African Americans, Asian/Pacific Americans, Hispanic Americans, Native Americans, and Subcontinent Asian Americans.
  - b) At least 51 percent owned, controlled and actively managed by minority or veteran group members or by women.
  - c) Serving a for profit business with "useful business functions."
- An out-of-state company must first be **certified in its home state** before it can be considered for certification in Delaware. This must be a state-level certification, if available.
  - There is no fee for processing your application. In addition, free assistance is available. If you have questions about the application or your company's qualifications, call (302)857-4554.
  - If your business is certified by Delaware Department of Transportation (DelDOT), Maryland Department of Transportation (MDOT), City of Wilmington, Minority Business Enterprise Office ([MBEO](#)), Center for Veterans Enterprise ([VetBiz.gov](#)), National Minority Supplier Development Council ([MSDC](#)), Women Business Enterprise National Council ([WBENC](#)), Pennsylvania Dept. of General Services, Bureau of Minority and Women Business Opportunities ([BMWBO](#)) and located in Delaware, there is a specialized application. You must also attach a copy of your certification and mail all documents to the OSD.
  - Also, please note that it is extremely important to provide other certifying agency documentation. This can expedite the certification process.

### Document Request checklist

- Unless otherwise indicated, copies of documents are sufficient.
- Any deficiency may delay the certification process.
- Certification generally takes four to six weeks.
- An on-site visit. *(The OSD office may schedule an on-site visit once the completed application and appropriate supporting documentation have been received).*

Documents to attach to your application	Sole Prop	Part/LLP	Corp/S-Corp	LLC	OSD Use
Notarized Minority, Veteran and Women Business Enterprise Affidavit form	Yes	Yes	Yes	Yes	
Copy of birth certificate, permanent resident card, passport or tribal memberships	Yes	Yes	Yes	Yes	
Copy of other applicable certification from home state, if company headquarters are not in Delaware. (must be a state level certification, if available)	Yes	Yes	Yes	Yes	
Copies of any relevant licenses, certificates of training and degrees held by the company or its owners/employees	Yes	Yes	Yes	Yes	
Partnership Agreement, including any amendments, buy-out rights as well as any profit sharing arrangements		Yes			
Articles of Incorporation with all amendments			Yes		
Minutes of the last annual shareholders meeting			Yes		
By-laws and By-law Amendments			Yes		
Copy of most recent Stock Ledger			Yes		
Copy of Certificate of Organization				Yes	
Copy of Operating Agreement				Yes	
<b>Optional Information – Please read below for advantages of tax document submission*</b>					
Last two years of your firm's tax returns (gross receipts). If not available, last two years W2 and/or 1099 forms for all owners, directors, officers and senior management.	Yes	Yes	Yes	Yes	

\* Submitting tax information provides OSD with documentation required to identify the business as a small business. If you would like to be identified as a small minority and women business enterprise please submit tax information. For additional information on small business criteria please visit <http://www.sba.gov/index.html> (most requested items). Please note the categorization of small business may provide additional opportunities.

## Delaware Minority, Women and/or Veteran Business Enterprise Certification

### Certification Application

The following is the application for Minority, Women and/or Veteran Business Enterprise certification with the State of Delaware. All questions must be answered. Please type or print clearly.

### Questions that do not apply to your firm should be marked N/A in the space provided.

The Affidavit on page 14 must be signed and notarized by a Notary Public. Faxed copies of the Affidavit will only be accepted if the notary seal has the stamped seal with the expiration date visible. Otherwise, mail the original Affidavit with the raised seal to our office.

Please return the completed application with signature and required notarization to the address below:

### Office of Supplier Diversity

100 Enterprise Place  
Suite 4

Dover, DE 19904-8202

Phone: 302-857-4554

Fax: 302-677-7086

Web site: <http://gss.omb.delaware.gov/osd/>

### Definitions

#### Minority, Women and/or Veteran Business Enterprise

A Minority, Women Business and/or Veteran Enterprise is a business that is at least 51 percent owned, controlled and actively managed by minority, women and/or Veteran group members who are United States citizens or persons lawfully admitted to the United States for permanent residence.

The business must be a for-profit business and currently be performing a useful function.

**Minorities** – United States citizens or permanent residents who are African Americans, Asian/Pacific Americans, Hispanic Americans, Native Americans, Subcontinent Asian Americans, or as defined herein:

**African (Black) Americans:** All persons having origins from any of the Black groups of Africa and

all persons having origins in any of the original peoples of the Cape Verde Islands.

**Asian/Pacific Americans:** All persons having origins from any of the original peoples of the Far-East, Asia, or the Pacific Islands, including China, Japan, Korea, Samoa, Philippine Islands, and Hawaii, Guam, U.S. Trust Territories of the Pacific or the Northern Marianas.

**Hispanic Americans:** Persons having origins from any of the Spanish-speaking people of México, Puerto Rico, Cuba, Central or South America, or the Caribbean Islands.

**Native Americans:** All persons having origins from the original peoples of North America and who are recognized as Native Americans by a tribe or tribal organization.

**Subcontinent Asian Americans:** All persons whose ancestors originated in India, Pakistan or Bangladesh.

**Veteran:** An individual who has served in the United States military or has served in the National Guard of the United States for six months and has received a discharge other than a dishonorable discharge.

**Certification** - A determination by the OSD that a for-profit business entity is a Minority Business Enterprise (MBE), Women Business Enterprise (WBE) and/or Veteran Business Enterprise (VBE).

#### Ownership

The minority, woman or veteran ownership interest in the firm must be real, substantial and continuing and shall go beyond the pro forma ownership of the business as reflected in its ownership documents. The minority and women owners shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interest as demonstrated both by an examination of the substance and form of arrangements.

## Delaware Minority, Women and/or Veteran Business Enterprise Certification

### Control

Control will be exemplified by possession of the requisite knowledge and expertise to run the particular business. Control includes the authority to determine the direction of a business, including but not limited to capital investments and all other financial transactions; property acquisitions; day-to-day decisions; contract negotiations; legal matters; selection and hiring of officers, directors, and employees; operating responsibility; cost-control; income and dividend matters; and the rights of other shareholders or partners.

The minority, women, and/or veteran owners must hold the highest officer position in their companies, example chief executive officer or president.

The minority, women, and/or veteran must demonstrate that they possess the experience, expertise and knowledge to operate their particular types of business.

Expertise limited to office management, administration, or bookkeeping functions unrelated to the principal business activities of the company is insufficient to demonstrate control. Veteran, women and/or minority owners must also verify that they hold any licenses or certification required by the type of business in which they are engaged.

**Minority Business Enterprise (MBE)** - A for profit business in which at least 51% of the beneficial ownership interest and control are held by a minority or minorities. In the case of a corporation, minorities must hold at least 51% of voting interest.

**Minority & Women Business Enterprise (MWBE)** - A for-profit business in which at least 51% of beneficial interest and control is held by minority women or by an equal combination of minorities and women. In the case of a corporation, women and minorities must also hold at least 51% of voting interest.

**Women Business Enterprise (WBE)** - A for-profit business in which at least 51% of beneficial interest and control is held by women. In the case of a corporation, women must also hold at least 51% of the voting interest.

**Veteran Business Enterprise (VBE)** – A for-profit business which at least 51% of beneficial interest and control is held by veterans.

### Useful Business Function

A useful business function is one, which results in the provision of materials, supplies, equipment or services to consumers in the State. A business acting as a conduit to transfer funds to a non-minority business does not constitute a useful business function unless doing so is a normal industry practice.

### Benefits of Certification

Current certified minority and/or women owned firms are eligible to be listed in the State of Delaware Directory of Minority and Women Owned Businesses which is circulated to all state and local government agencies.

### Recertification

At the ends of three years from original certification date, firms must submit the recertification affidavit to remain actively visible in the State of Delaware's Minority and/or Women Business Enterprise database.

### Eligibility

A minority, veteran and women owned business (sole-proprietorship, partnership, corporation or joint venture) must meet the following criteria:

- a) Belong to a minority group: African Americans, Asian/Pacific Americans, Hispanic Americans, Native Americans, and Subcontinent Asian Americans. *(Please reference above definitions)*
- b) At least 51 percent owned, controlled and actively managed by minority group members, veterans or by women.
- c) Serving a for profit business with "useful business functions." *(Please reference above definitions)*

## Delaware Minority, Women and/or Veteran Business Enterprise Certification

**Reasons for denial** *(please note the below may include but not be limited to)*

- a) A business located in a state other than Delaware must first obtain state-level certification in its home state, if such certification is available. "Home state" is defined as the state the company's headquarters are located.
- b) All securities, which constitute ownership and/or control of a corporation for the purpose of establishing it as an eligible firm, must be held directly by minorities, veterans or women. No securities held in trust, or by a guardian for a minor, shall be considered as held by a minority or women in determining the ownership or control of a corporation.
- c) If the business operations do not reflect the ownership shown on paper.
- d) Firm is not a for-profit business
- e) Firm has provided false or misleading information
- f) Control will not be deemed to exist in cases of simple majority or absentee ownership, or when a non-minority/non-female owner or employee of the firm is disproportionately responsible for its operation.
- g) The firm shall not be subject to any formal or informal restrictions through, for example through, by-laws provisions, partnership agreements, or charter requirements for cumulative voting rights or otherwise that prevents the minority and women owners, without the cooperation or vote of any owner who is not a minority or women for making a business decision of the firm.
- h) If the owners of the firm who are not minorities or women are disproportionately responsible for the operation of the firm, then the firm is not controlled by minorities and shall not be considered as eligible within the meaning of the definition. Where the actual

management of the firm is contracted out to individuals other than the owner, those person who have the ultimate power to hire and fire the managers, can, for the purpose of this

- i) The certification application was submitted incomplete.

### How to Apply

- Applications and additional information are available by calling the Office of Supplier Diversity at 857-4554 or visiting the web site: <http://gss.omb.delaware.gov/osd/>
- Complete an application for certification and provide required documentation (ethnic status of minority owner(s), financial records, on-going business activity, etc.)
- Provide access to its business facilities and key personnel for state certification on-site visit.

### WHERE TO APPLY:

Submit completed applications to:

Office of Supplier Diversity  
100 Enterprise Place, Suite 4  
Dover, DE 19904-8202

## Delaware Minority, Women and/or Veteran Business Enterprise Certification

### Frequently Asked Questions

Q: Does certification cost money?

A: No

Q: Are there any set asides for this group?

A: No

Q: Does my certification expire?

A: At the end of three years from original certification date.

Q: Will I be notified of all procurement opportunities?

A: No, however, the OSD will continue to research bid opportunities and assist in your effort. We are consistently working on ways to improve communication but strongly encourage you to visit the respective resources.

Q: What is the best way to communicate with the OSD?

A: Email. Please check your email daily for procurement opportunities.

Q: Do I have to register with any other agency?

A: Yes. There are multiple agencies that have their own bidders list. Please check OSD's web site for each respective agency. For example, Government Support Services and the Department of Technology and Information have vendor registration processes.

**State of Delaware Supplier Diversity Application**  
*All completed applications must be returned with the appropriate requested documents listed.*

**Please type or print clearly**

OSD use only: Application Date: \_\_\_\_\_

Mail application to:  
 Office of Supplier Diversity (OSD)  
 100 Enterprise Place, Suite 4, Dover, DE 19904-8202  
 Telephone: 302-857-4554 Fax: 302-677-7086  
 Email: [osd@state.de.us](mailto:osd@state.de.us)  
 Web site: <http://gss.omb.delaware.gov/osd/>

If you have any questions regarding the completion of this application, please contact us at 302-857-4554.

**Note – This section must be filled out in its entirety for the application to be processed.  
 Incomplete applications will not be processed.**

<b>1. Business Name(s), Contact Information, Federal Employee Identification Number or Social Security Number(FEIN/SSN)</b>				
Legal Name of Firm:				
Doing Business As (If applicable):				
Federal E.IN or SSN:			E-Mail Address:	
Address line 1:				
Address line 2:				
City		State	Zip Code	Country
Telephone Number:			Extension:	Fax Number:
Company Web Site Address:				
Corp <input type="checkbox"/>	LLC* <input type="checkbox"/>	S Corp <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLP** <input type="checkbox"/>
Sole Proprietor <input type="checkbox"/>		Joint Venture <input type="checkbox"/>		
Date firm was established?				
Date firm began doing business (date of first contract or sale)				

\* Limited Liability Corporation  
 \*\* Limited Liability Partnership

<b>2. Primary owner applicant information</b>				
Name:			Title:	
Home Address:		City:	State:	Zip Code: Country:
Telephone Number:			Extension:	Fax Number:
E-Mail Address:				
Date owner acquired controlling interest?				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			Ethnic Group:	
U.S. Citizen or Permanent Resident: <input type="checkbox"/> No <input type="checkbox"/> Yes				

<b>3. Firm is applying as:</b>			
<b>Minority Business Enterprise</b>		<b>Women Business Enterprise</b>	
<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American
<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> Other	<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> White American
		<input type="checkbox"/> Other	
<b>Veteran Owned Enterprise</b>			
<input type="checkbox"/> Yes			

**4. Describe, in detail, what product(s) and/or services your business provides. Attach additional pages and/or the company's catalog or inventory list, if needed. Please note the below capabilities narrative will be posted on the OSD web site.**

**5. Six digit North American Industry Classification System (NAICS) Code(s):**  
 (To assist you in determining your NAICS Code(s) go to [www.census.gov/naics](http://www.census.gov/naics))

1.	2.	3.	4.	5.	6.
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**6. Type of Business**

<input type="checkbox"/> Building trade	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other
<input type="checkbox"/> Consultant	<input type="checkbox"/> Supplier	
<input type="checkbox"/> Generalized service	<input type="checkbox"/> Highway Construction	
<input type="checkbox"/> Licensed professional services		

**7. Please list the gross receipts of last two years**

(A) Year Ending:	Gross Receipts:
(B) Year Ending:	Gross Receipts:

**8. Has your office ever been denied by OSD? Yes  No**

**9. Please indicate which organization your firm is certified by.**

DelDOT/PAUCP/MDOT <input type="checkbox"/>	MSDC <input type="checkbox"/>	PA MWBE <input type="checkbox"/>	WBNEC <input type="checkbox"/>	City of Wilmington <input type="checkbox"/>
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<b>Other Certifications (please attach additional paper if necessary)</b>	

<b>10. Are there any written, oral, or implied agreements between persons associated in any manner with the firm concerning its ownership and/or operation? (check one)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
--

<b>11. Please list the gross receipts of last two years</b>	
(A) Year Ending:	Gross Receipts:
(B) Year Ending:	Gross Receipts:

<b>12. Number of employees</b>	Full time:
	Part time:
	Seasonal (approximate):

**13. List names and titles of persons who perform the following functions. If more than one, indicate what percent each person handles.**

	Name	Ethnicity	Gender
Financial Decisions			
Estimating & Bidding			
Negotiating & Contract Execution			
Personnel Management			
Field/Production Operations Supervisor			
Office Management			
Marketing/Sales			
Purchasing of Major Equipment			
Authorized to Sign Company Checks (for any purpose)			

**14. Identify persons or firms who provide Legal, Accounting, and Banking services:**

<b>Attorney:</b>		Contact:	
Phone:	Fax:	Email:	
Address:			
<b>Accountant:</b>		Contact:	
Phone:	Fax:	Email:	
Address:			
<b>Bank:</b>		Contact:	
Phone:	Fax:		
Address:			

<b>15. If the business is a corporation or LLC, please list the following information:</b>
a. Total shares authorized:
b. Total shares issued to date:
c. Are there any restrictions that limit the voting rights of ethnic minority group members, who are shareholders, within the By-laws or Articles of Incorporation, or any other documents? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, please explain below)</i>

<b>16. List the three largest contracts or sales completed by the firm during the last three years. List each customer's name and company or organization, the dollar amount of each contract or sale, and the date completed. If any are subcontracts, provide the name of the firm to which you subcontracted.</b>		
<b>1. Company or Individual:</b>		
Address, City, State:		
Phone:	Fax:	Email:
Description & Amount:		
<b>2. Company or Individual:</b>		
Address, City, State:		
Phone:	Fax:	Email:
Description & Amount:		
<b>3. Company or Individual:</b>		
Address, City, State:		
Phone:	Fax:	Email:
Description & Amount:		
<b>17. Has this firm or other firm(s) owned by any of its current owners or officers ever been denied certification by the OSD or any other certifying entity (check one)? <input type="checkbox"/> No; <input type="checkbox"/> Yes <i>(If yes, provide the name of the certifying organization and the reason(s) given for denial, below. Attach copies of any relevant documents (letters, appeal documents, etc.).</i></b>		

**18. Debarment: Is this company, or any other company owned in full or part by any of this company's owners and/or officers, currently prohibited from doing business with the State of Delaware (i.e., license revocation or denial)?**  No;  Yes.

**19. Is the Business certified as a M/W/BE/VOB with any other certifying agency? If yes, provide the name(s) of the certifying organization(s), below, and attach letters or other documents verifying such certification.**

No  Yes

Name	Date Certified	Expiration Date
a.		
b.		
c.		
d.		
e.		
f.		

**20a. Is the business classified as a small business as identified by The regulations specifying size standards and governing their use are set forth in Title 13, Code of Federal Regulations, part 121 (13 CFR part121), Small Business Size Regulations. For more information please visit <http://www.sba.gov/content/what-are-small-business-size-standards>**

No  Yes

**20b. Is the business registered with the System for Award Management <http://www.sam.gov>(Please provide proof of registration)**

No  Yes

**21. How did you hear about the Office of Supplier Diversity:**

<input type="checkbox"/> OSD staff speak at an event sponsored by another organization	<input type="checkbox"/> OSD staff at a trade show or expo
<input type="checkbox"/> OSD's web site	<input type="checkbox"/> Materials published by OSD
<input type="checkbox"/> Referred by another organization	<input type="checkbox"/> Referred by the owner of an MBE or WBE
<input type="checkbox"/> Delaware state employee	<input type="checkbox"/> Other, please explain briefly:

**Optional Questions**

You are not required to answer the following questions and the answers will not affect your company's eligibility for certification. However, the answers will help OSD to identify business opportunities that may be suited to your company. Answers may be estimated; exact figures aren't necessary.

<b>For all companies</b>
How many years has your company been conducting business with you as owner?
How many contracts, subcontracts, and/or sales has your company completed during the last 12 months?
What is the largest contract, subcontract, or sale your company completed in the past 24 months?
Has your company done any business with government? <input type="checkbox"/> No; <input type="checkbox"/> Yes
If yes, what level of government (check all that apply): <input type="checkbox"/> Federal; <input type="checkbox"/> State; <input type="checkbox"/> Local
Has your company done any business with government in the State of Delaware? <input type="checkbox"/> No; <input type="checkbox"/> Yes
Number of government contracts, subcontracts, or sales completed (estimate):
<b>For Construction-Related Companies Only (not including suppliers of construction materials)</b>
What is your company's bonding capacity? \$ (indicate "unknown" if you do not know)
What % of your business is direct contracting?
What % of your business is subcontracting?

### State of Delaware Office of Supplier Diversity (OSD) Affidavit

Hereafter, "the Business" refers to

\_\_\_\_\_  
Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority, veteran and/or woman status of the business and do herein certify under penalty imposed by Delaware statutes that the information provided is correct and said information herein may be used for the purposes of certifying the business as a Minority, Veteran and/or Women Business Enterprise. Any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the OSD office any such materials that may be required to substantiate the degree of minority, veteran and women ownership and control of the business. I agree to arrange for on-site inspections of the business' facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the business to the OSD office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation might result in the decertification of the business.

I understand that the certification expiration is three years following the initial date of certification. I further understand that the business must apply for recertification prior to the expiration.

\_\_\_\_\_  
Type or Print Name of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ a.d.  
Month, Year

Signed \_\_\_\_\_

NOTARY PUBLIC IN AND FOR THE

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

State \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Date

