



Office of Business Diversity and Civil Rights

Small Business Enterprise Verification Application **49 C.F.R. Part 26**

All firms wishing to verify its status as a Small Business Enterprise (SBE) must complete this application and submit it to Metra's Office of Business Diversity and Civil Rights for review and determination of its eligibility.

Completed applications are to be forwarded to:

Janice R. Thomas, Senior Director
Office of Business Diversity and Civil Rights
547 W. Jackson Boulevard
Chicago, IL 60661-5717
(312) 322-6323

Should I apply?

- Is the firm at least 51%-owned by an economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is the firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$23.98 million in gross annual receipts?
- Is the firm organized as a for-profit business?

→ If you answered Yes to all of the questions above, you may be eligible to participate in the SBE program.

If the firm is currently certified as a Disadvantaged Business Enterprise (DBE), you do not have to complete this application. All DBEs are automatically considered SBEs.

Verification is **free**. There is **no fee** for applying for SBE verification with Metra

| |
|---|
| Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, Metra has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, Metra may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs. |
|---|

SBE VERIFICATION APPLICATION SUPPORTING DOCUMENTS CHECK LIST

In order to complete your application for SBE status, you must attach copies of all of the following documentation as they apply to you and the applicant firm.

All Applicants

- ☐ Work experience resumes (include places of ownership/employment with corresponding dates), for all owners and officers of the firm
- ☐ Personal Net Worth (PNW) Statement (form included with this application)
- ☐ Federal Personal tax returns (including all schedules) for the past three years, for each owner claiming disadvantaged status
- ☐ The firm's Federal tax returns (gross receipts), including all related schedules, for the past three years
- ☐ Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet
- ☐ All relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- ☐ Submit proof of citizenship/legal permanent resident status if born outside U.S.A. (Alien registration number or Green Card.) U.S. Citizens should submit a Birth Certificate, Voter's Registration card, U.S. Passport or Armed Services Discharge papers (DD214).

Sole Proprietor

- ☐ Assumed Name Registration (*signed by the state official*)

Partnership or Joint Venture

- ☐ Original and any amended Partnership or Joint Venture Agreements

Corporation

- ☐ Official Articles of Incorporation (*signed by the state official*)
- ☐ Corporate by-laws and any amendments
- ☐ Corporate bank resolution and bank signature cards

LLC

- ☐ Official Certificate of Formation
- ☐ Operating Agreement with any amendments

Trucking Firms

- ☐ Documented proof of ownership for each truck owned or operated by the firm
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealers

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

GENERAL INFORMATION**If a question does not apply, write "N/A".**

| | |
|--|--|
| Is the firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> STOP! If the firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application. |
| Is the firm currently certified for either of the following programs? <input type="checkbox"/> SBA 8(a) <input type="checkbox"/> SDB (If Yes, check appropriate box(es).) | |

A. Contact Information

| | | | |
|--|--------------------|-------------------------|-------------|
| (1) Contact Person and Title: | | (2) Legal Name of Firm: | |
| (3) Phone #: | (4) Other Phone #: | (5) Fax #: | |
| (6) E-mail: | | (7) Website: | |
| (8) Street address of firm (<i>No P.O. Box</i>): | City: | County/Parish: | State: Zip: |
| (9) Mailing address of firm (<i>if different</i>): | City: | County/Parish: | State: Zip: |

B. Prior/Other Applications and Privileges

Has the firm (*under any name*) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any program, or ever been denied certification, decertified, debarred, suspended, or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

☐ Yes, on ____/____/____ ☐ No

If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

C. Business Profile

| | |
|---|---|
| (1) Describe the primary activities of the firm including NAICS codes: | (2) Federal Tax ID No.: |
| (3) This firm was established on ____/____/____ | (4) I/We have owned this firm since: ____/____/____ |
| (5) Method of acquisition (<i>check all that apply</i>): | |
| <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (<i>explain</i>): _____ | |
| (6) Type of firm (<i>check all that apply</i>): | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____ | |
| (7) Number of employees: Full-time _____ Part-time _____ Total _____ | |
| (8) Specify the gross receipts of the firm for the last 3 years: | |
| Year: _____ Total receipts: \$ _____ | |
| Year: _____ Total receipts \$ _____ | |
| Year: _____ Total receipts \$ _____ | |

D. Relationships with Other Businesses

(1) Is the firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?

☐ Yes ☐ No

If Yes, identify: Other Firm's Name: _____
 Explain nature of shared facilities:

| | | |
|---|--|--|
| (2) At present, or at any time in the past, has the firm: | (a) been a subsidiary of any other firm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (b) consisted of a partnership in which one or more of the partners are other firms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (c) owned any percentage of any other firm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (d) had any subsidiaries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(3) Has any other firm had an ownership interest in the firm at present or any time in the past? ☐ Yes ☐ No

(4) If you answered "Yes" to any of the question in (2) (a) – (d) and/or (3), identify the following for each:

| Name | Address | Type of business |
|------|---------|------------------|
| 1. | | |
| | | |
| | | |
| | | |
| 2. | | |
| | | |
| | | |
| | | |
| 3. | | |
| | | |
| | | |
| | | |
| 4. | | |
| | | |
| | | |
| | | |
| 5. | | |
| | | |
| | | |
| | | |

Identify all individuals or holding companies with any ownership interest in the firm, providing the information requested below: *(If more than one owner, attach separate sheets for additional owners.)*

| | | | | | |
|---|--|--|--|-------------------|------|
| (1) Name: | | (2) Title: | | (3) Home Phone #: | |
| 4) Home Address (<i>street and number</i>): | | City: | | State: | Zip: |
| (5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | (6) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (7) Ethnic group membership (<i>Check all that apply</i>): | | | | | |
| <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific | | | | | |
| <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (specify)_____ | | | | | |
| (8) Lawfully Admitted Permanent Resident: | | (11) Initial investment to acquire ownership interest in firm: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <u>Type</u> <u>Dollar Value</u> | | | |
| (9) Number of years as owner: | | Cash \$ _____ | | | |
| | | Real Estate \$ _____ | | | |
| (10) Percentage Owned: | | Equipment \$ _____ | | | |
| | | Other \$ _____ | | | |
| (12) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date Acquired</u> <u>Method Acquired</u> | | | | | |
| (13) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If Yes, identify: Name of Business:_____ | | | | | |
| Function/Title:_____ | | | | | |
| (14) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If Yes, identify: Name of Business:_____ Function/Title:_____ | | | | | |
| Nature of Business Relationship:_____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

CONTROL**A. Identify the firm's Officers & Board of Directors** *(If additional space is required, attach a separate sheet):*

| | Name | Title | Date Appointed |
|-----------------------------|------|-------|----------------|
| (1) Officers of the Company | (a) | | |
| | (b) | | |
| | (c) | | |
| | (d) | | |
| | (e) | | |
| (2) Board of Directors | (a) | | |
| | (b) | | |
| | (c) | | |
| | (d) | | |
| | (e) | | |

B. Identify the firm's management personnel who control the firm in the following areas*(If more than two persons, attach a separate sheet):*

| | Name | Title |
|--|------|-------|
| (1) Financial Decisions <i>(responsible for acquisition of lines of credit, surety bonding, supplies, etc.)</i> | (a) | |
| | (b) | |
| (2) Estimating and bidding | (a) | |
| | (b) | |
| (3) Negotiating and Contract Execution | (a) | |
| | (b) | |
| (4) Hiring/firing of management personnel | (a) | |
| | (b) | |
| (5) Field/Production Operations Supervisor | (a) | |
| | (b) | |
| (6) Office management | (a) | |
| | (b) | |
| (7) Marketing/Sales | (a) | |
| | (b) | |
| (8) Purchasing of major equipment | (a) | |
| | (b) | |
| (9) Authorized to Sign Company Checks (for any purpose) | (a) | |
| | (b) | |
| (10) Authorized to make financial Transactions | (a) | |
| | (b) | |

Do any of the persons listed in (A1) through (B10) above perform a management or supervisory function for any other business?

☐ Yes ☐ No

If Yes, identify for each: Person: _____ Title: _____

Business: _____ Function: _____

Do any of the persons listed in (A1) through (B10) above own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

☐ Yes ☐ No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship: _____

C. Does the firm rely on any other firm for management functions or employee payroll? ☐ Yes ☐ No

If Yes, Explain:

D. Financial Information

(1) Banking Information:

(a) Name of Bank: _____ (b) Phone No. () _____

(c) Address of bank: _____ City: _____ State: _____ Zip: _____

(2) Bonding Information: If you have bonding capacity, identify:

(a) Binder No: _____

(b) Name of agent/broker: _____ (c) Phone No.: () _____

(d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____

(e) Bonding limits: Aggregate limit \$ _____ Project limit \$ _____

E. List current licenses/permits held by any owner and/or employee of the firm:

(e.g. contractor, engineer, architect, etc.) (attach additional sheets if needed)

| Name of License/Permit Holder | Type of License/Permit | Expiration Date | License Number and State |
|-------------------------------|------------------------|-----------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

F. List three active jobs on which the firm is currently working:

| Name of Prime Contractor and Project Number | Location of Project (City, State) | Type of Work | Project Start Date | Anticipated Completion Date | Dollar Value of Contract |
|---|-----------------------------------|--------------|--------------------|-----------------------------|--------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

- SUBMIT SIGNED COPIES OF CONTRACTS/PURCHASE ORDERS/INVOICES FOR PROJECTS IDENTIFIED.



Small Business Enterprise Program

Personal Financial Statement

If a question does not apply, write "N/A"

As of _____, _____

Complete this form for each proprietor(s), or limited and general partner(s) whose combined interest totals 51% or more, or stockholder(s) owning 51% or more of voting stock in the small business enterprise.

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

| Assets | (Omit Cents) | Liabilities | (Omit Cents) |
|---|-----------------|---|--------------|
| Cash on hand and in banks..... | \$ _____ | Accounts Payable..... | \$ _____ |
| Savings Accounts..... | \$ _____ | Notes Payable to Banks and Others..... | \$ _____ |
| | | (Describe in Section 2) | |
| IRA/Other Retirement Accts..... | \$ _____ | Remaining Balance (Auto Loan)..... | \$ _____ |
| | | (Monthly Auto Payment \$ _____) | |
| Accounts & Notes Receivable..... | \$ _____ | Remaining Balance Installment Acct. (Other) | \$ _____ |
| | | (Monthly Payment (Other) \$ _____) | |
| Life Insurance-Cash Surrender Value Only..... | \$ _____ | Loan on Life Insurance..... | \$ _____ |
| (Complete Section 8) | | Mortgages on Real Estate..... | \$ _____ |
| | | (Describe in Section 4) | |
| Stocks and Bonds..... | \$ _____ | Unpaid Taxes..... | \$ _____ |
| (Describe in Section 3) | | (Describe in Section 6) | |
| Real Estate..... | \$ _____ | Other Liabilities..... | \$ _____ |
| (Describe in Section 4) | | (Describe in Section 7) | |
| Automobile(s) – Present Value..... | \$ _____ | Total Liabilities..... | \$ _____ |
| | | | |
| Other Personal Property..... | \$ _____ | Total Assets = Total Liabilities = NW..... | \$ _____ |
| (Describe in Section 5) | | | |
| Other Assets..... | \$ _____ | | |
| (Describe in Section 5) | | | |
| Total Assets | \$ _____ | | |

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

| |
|--|
| Description of Other Income in Section 1 |
| |
| |
| * Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income. |

| Section 2. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) | | | | | |
|--|------------------|-----------------|----------------|---------------------------|--|
| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
| | | | | | |
| | | | | | |
| | | | | | |

| Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) | | | | | |
|---|--------------------|------|---------------------------------|----------------------------|-------------|
| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.) | | | |
|--|------------|------------|------------|
| | Property A | Property B | Property C |
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Name & Address of Mortgage Holder | | | |
| | | | |
| Mortgage Account Number | | | |
| Mortgage Balance | | | |
| Amount of Payment per Month/Year | | | |
| Status of Mortgage | | | |

Section 5. Other Personal Property and Other Assets

(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail.)**Section 8. Life Insurance Held**

(Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

Section 9. Asset Transfers

(Describe any transfer of assets between the economically disadvantaged individual and any individual or business within the past 2 years, include Related Party Transactions.)

I authorize **Metra** 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 date(s). These statements are made for the purpose of SBE verification. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:

Date:

Social Security Number:

Signature:

Date:

Social Security Number:

Please Note: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

AFFIDAVIT OF VERIFICATION

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

A MATERIAL OR FLASE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF SBE STATUS, 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 printed), 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 SBE status 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 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 SBE status.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to Metra's Office of Business Diversity and Civil Rights 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 SBE status; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that my personal net worth does not exceed \$1.32 Million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature _____
(SBE Applicant)

NOTARY CERTIFICATE