

# “CITY OF WICHITA”

## APPLICATION FOR CERTIFICATION AS AN EMERGING BUSINESS ENTERPRISE

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Thank you for your interest in being certified as an “Emerging Business Enterprise (EBE)” and for participation in the City of Wichita Procurement Process.

Those firms desiring to be certified as an Emerging Business Enterprise must complete this application. An Affidavit has been incorporated as part of this application, which must be signed and verified by a Notary Public. This application must be properly and thoroughly completed, signed, notarized and returned to the City of Wichita Purchasing Office, by fax (316)219-6209, or mail, 455 North Main, 12<sup>th</sup> Floor, Wichita, Kansas 67202.

*For definition purposes, “Emerging Business Enterprise”* is a small business enterprise including its affiliates, which is independently owned and operated, has been operational for at least six months, is not dominant in the field of operation in which it is bidding on City contracts and further qualifies under the following criteria:

1. Manufacturing firms: average annual employment cannot exceed more than 500 people.
2. Non-manufacturing Wholesalers firms; average annual employment cannot exceed more than 100 people.
3. Non-manufacturing Retail Trade firms: average annual receipts cannot exceed \$7.5 million dollars.
4. Service firms; average annual receipts cannot exceed \$7.5 million dollars.
5. Construction and Contractor firms: average annual receipts cannot exceed \$15 million dollars.

The applicant will be notified via letter of the certification acceptance or denial. If accepted, the *Certification is valid for a three year period* with updates as required. Updates or any changes that occur within your company which would affect the EBE status of your business as indicated on the application form, you are required to inform the Contract Compliance Officer within thirty (30) days of such changes. Businesses that are certified will be listed in the directory of Emerging Business Enterprises (EBE’s) on the City’s procurement web site at <https://selfservice.wichita.gov> under the Resources tab, as well as the City of Wichita main web site <https://www.wichita.gov/Finance/Purchasing/Pages/EBE.aspx>. Please be advised that certification under this program does not guarantee that you will receive additional City of Wichita contracts.

Questions about the Emerging Business Enterprise (EBE) Program should be directed to the City’s Contract Compliance Officer at (316) 268-4417.

**COMPANY INFORMATION**

**SECTION (A)**

1. Contact Person:  
\_\_\_\_\_
2. Name of Firm \_\_\_\_\_
3. Federal Identification or Tax Number of Firm \_\_\_\_\_
4. Address of Firm \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Email address \_\_\_\_\_
6. Telephone number of Firm (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_
7. Circle whether firm is Sole Proprietorship, Partnership, Joint Venture, Corporation, or other business entity; If Firm is a corporation, attach a copy of Incorporation Charter.
8. Description of the primary product(s) or service(s) of the business:  
\_\_\_\_\_
9. Applicable City of Wichita registered Commodity Codes for the type of product(s) or service(s):  
\_\_\_\_\_

**EMERGING BUSINESS CRITERIA**

**SECTION (B)**

1. Is your business an Emerging Business Enterprise per the definition outlined on page 1? Yes \_\_\_\_\_ No \_\_\_\_\_
2. What is the average annual employment? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
3. What is the average annual receipts? \_\_\_\_\_
4. What type of Firm is your business?
  - a) Manufacturing Firm
  - b) Non-Manufacturing Wholesaler
  - c) Non-Manufacturing Retail Trade
  - d) Service Firm
  - e) Construction or Contractor
  - f) Engineering Company

**SECTION (C)**

**BUSINESS CAPABILITIES**  
**OWNERSHIP OF FIRM**

1. Date Firm was established and State. \_\_\_\_\_

2. Did business have other previous owners? If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_

3. Identify those companies or individuals **who own the firm** and attach documents verifying owners and/or majority shareholders. (Secretary of State annual reports acceptable for Corporations).

Name/Title:	Gender: M/F	Ethnic Group:	Ownership Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name \_\_\_\_\_ Gender: Male \_\_\_ or Female \_\_\_  
Ethnic Group: African American \_\_Asian \_\_Asian Subcontinent \_\_Hispanic \_\_  
Native American \_\_ Disabled \_\_\_  
Other (specify) \_\_\_\_\_  
Ownership Percentage/percentage owned: \_\_\_\_\_

4. If Firm is required to be licensed to do business in the City of Wichita, attach a copy of the license.

5. Bonding Information: Is the company bonded? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, Amount \_\_\_\_\_; Name of Bonding/Security Company  
\_\_\_\_\_

6. List Firm's members of the Board of Directors

Name	Title	Length On Board	Other Business Affiliations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. List Control of Firm (those individuals by name and title who are responsible for the operations listed below)

Name	Title
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Financial Decision & Transaction
Estimating and Bidding
Marketing and Sales
Hiring and Firing of Management
Purchase of Major Items or Supplies
Supervision of Field Operations
Office Management
Contract
Negotiations

**SECTION (D)**

**ADDITIONAL INFORMATION**

**(The following questions are for statistical tracking purposes only and will not affect Emerging Certification)**

The firm is principally owned and operated by one or more persons who are (please check all that apply) Women-Owned (WO) \_\_\_/ African American (AA) \_\_\_/ Hispanic (HI) \_\_\_/ Asian Pacific (A) \_\_\_/ Asian Subcontinent (AS)\_\_\_/Native American (NA)\_\_\_/ Disabled Vendor (DS) \_\_\_/ Veteran-Owned Business (VBE) \_\_\_ / None\_\_\_

**If you check more than one group, identify the group you wish to be “tracked under”, example: (A), (WO). ( \_\_\_\_\_ )**

Is Firm certified under the Small Business Administration SECTION 8(a)? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, date expires) \_\_\_\_\_

Is Firm certified under the Small Business Administration SDB Program? Yes \_\_\_\_ No \_\_\_\_\_. (If yes, date expires) \_\_\_\_\_.

Is Firm certified as a Disadvantage Business Enterprise (DBE) under the State of Kansas Statewide Certification Program? Yes\_\_\_\_ No\_\_\_\_\_ (If yes, date certification expires)

Is your business a Section 3 business concern? Yes \_\_\_\_\_ No \_\_\_\_\_

***For definition purposes only***, a Section 3 Business concern is a business:

- that is 51% or more owned by Section 3 residents and whose management and daily business operations are controlled by one or more individuals;
- 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 concern were Section 3 residents; or,
- that commits to award more than 25% of all subcontracts to business concerns, which meet the two above criteria.

***For definition purposes only***, a Section 3 Resident is

- a public housing resident
- an individual who resides in the metropolitan area in which the section 3 assistance is expended and who is a low-income person (whose income does not exceed 80% of the area median family income **or** a very low-income person (whose income does not exceed 50% of the area median family income.

**DEFINITIONS**

- **Disabled Business Enterprise: (DS)**  
*DS businesses are at least 51% owned and controlled by one or more U.S. citizens who has a physical or mental impairment which substantially limits one or more of such persons major life activities.*
- **Veteran-Owned Business (VBE)**  
*VBE businesses are at least 51% owned and controlled by one or more U.S. citizens who are Veterans of the U.S. Armed forces. The term “Veteran” means a person who served in the active military, naval or air service and who was discharged or released there from under conditions other than dishonorable.*
- **Women-Owned Business Enterprise (WBE)**  
*WBE businesses are at least 51% owned and controlled by one or more U.S. citizens who are female gender. At least 51% of the stock is owned by one or more women and one or more women must control the management and daily business operations.*
- **African Americans:** *People whose origins lay in any of the Black racial groups of Africa.*
- **Asian Pacific Americans:** *People whose origins lay in Brunei, Burma, China, Guam, Indonesia, Japan, Kampuchea (Cambodia), Korea, Laos, Malaysia, Northern Mariana Islands, Republic of the Marshall Islands, Federated States of Micronesia, Republic of Palau (U.S. Territory of the Pacific Islands), the Philippines, Samoa, Singapore, Taiwan, Thailand and Vietnam.*
- **Asian Subcontinent Americans:** *People whose origins lay in Bangladesh, Bhutan, India, Pakistan, Sri Lanka or Nepal.*
- **Hispanic Americans:** *People whose origins are in the South and Central America, Mexico, Puerto Rico, Cuba or the Iberian Peninsula (including Portugal)*
- **Native Americans:** *American Indians, Inuit (Eskimos), Aleuts, and native Hawaiians of Polynesian ancestry.*

*[STAFF USE ONLY: STAFF CHECK OF STATE OF KANSAS CERTIFIED FIRMS AND STATE LISTING OF UNCERTIFIED FIRMS INDICATED: \_\_\_\_\_*  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT OF CERTIFICATION AND/OR RECERTIFICATION**

The undersigned swears that the foregoing statements and all attachments hereto are true and correct and include all material information necessary to identify and explain the operations of

\_\_\_\_\_  
(Name of Firm)

as well as the ownership thereof. Further, the undersigned agrees to provide to the City of Wichita complete and accurate information regarding actual work performed on a City of Wichita let project, and the payment therefore, and to permit the audit and examination of books, records and files of this firm by any authorized official of the City of Wichita. Any material misrepresentation will be grounds for terminating any contract, which may be awarded, and for initiating punitive action under Federal or State Laws concerning false statements.

If, after filing this form there is any change, which would affect the Emerging status of this firm in the information herein submitted, this firm will inform the City of Wichita of such change within thirty (30) days of such change.

CORPORATE SEAL  
(Where Appropriate)

\_\_\_\_\_  
Name (Company Representative)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (Authorized Company Rep)

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above name person did appear before me and being duly sworn, did execute the foregoing Affidavit and did state that he or she was properly authorized by (Name of Firm)

\_\_\_\_\_  
to execute the Affidavit and did so of his/her own free act and deed.

Seal:

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.