City of Jacksonville (COJ), Jacksonville Small Emerging Business (JSEB) Program Instructions and Application Ordinance 2021-117E



#### IMPORTANT INFORMATION

This application is required for certification with the City of Jacksonville utilizing the above numbered Ordinance enacted on April 2021.

This application is to be completed by: (i) businesses applying for initial JSEB certification; (ii) businesses that have had changes in the ownership, control or independence of the business since last certified by the City of Jacksonville.

**Please Be Advised** that under Florida's Public Record's Laws any information sent to the City of Jacksonville is considered a public record and is subject to disclosure under these laws, except for statutorily express exemptions. Any information deemed confidential and exempt from this law will be redacted.

#### INSTRUCTIONS FOR COMPLETING

- 1. Prior to submission of the application, the business must register with the City's online procurement system. Go to <u>Jacksonville.gov Supplier Portal</u> 1-Cloud Supplier Portal and follow the registration procedures completely.
- 2. Submit the original application in ink or typewritten.
- 3. Answer every question completely. Additional responses may be attached. Indicate questions which do not apply to the applicant's business with "N/A."
- 4. Provide all documents requested simultaneously with the submission of the application.
- 5. The owner must sign the application and have it notarized. The Notary Public cannot be a relative of the owner or an owner, officer, or director of the business.
- 6. Failure to complete the application as instructed will delay processing and may result in denial of JSEB certification.
- 7. Certified JSEBs must provide written notification to the Jacksonville Small and Emerging Business Office (JSEB) of any changes, such as changes in business name, address, ownership, control, residency, licensure, or conflicts of interest, within 10 business days after the change.
- 8. Per enacting legislation, all certified JSEBs must meet educational requirements to remain in the program.

Completion of the application determines the business agrees to abide by the requirements of Chapter 126, Part 6, Jacksonville Ordinance Code, and that, upon application approval and receipt of a certification letter indicating the period of certification regarding the same, it is the business' responsibility, with or without notification, to submit an affidavit for re-certification within 60 calendar days before the date on which the period of certification ends or expires.

# City of Jacksonville (FL) Jacksonville Small Emerging Business (JSEB) CERTIFICATION

- EVERY space on the application must be completely filled out (or use N/A); then must be notarized on the specified pages.
- Forms for Primary owner; signed and then the document(s) must be notarized.
- The Self- Classify Information form is OPTIONAL & is for INTERNAL USE ONLY. This information is for internal data collection purposes only.

Copies of the following documents are required when submitting your application:

### **CHECKLIST**

| √/ or NA | SUPPORTING DOCUMENTS NEEDED  |
|----------|--|
|          | 1. IRS form W–9 completed (use firm Tax ID number ONLY) and signed                                 |
|          | 2. Driver's License (preferred) or state issued photo ID for Primary owner                         |
|          | 3. Proof of citizenship for primary owner: Birth Certificate, Voter's Registration Card,           |
|          | Permanent Resident Alien Status, Passport, or Naturalization Papers                                |
|          | 4. Proof of residency for ALL owners: Homestead Exemption, Ad Valorem tax                          |
|          | notification OR for non-homeowners a "Domicile Document" available at their                        |
|          | county courthouse  |
|          | 5. Last three years of complete Business Federal Tax Returns for Primary owner                     |
|          | 6. Current Business Tax Receipt  |
|          | 7. Current Professional and Special License(s) are REQUIRED for primary owner                      |
|          | 8. Capabilities Statement. <b>Visit</b> <u>Jacksonville.gov - JSEB Application</u> to retrieve the |
|          | Capabilities Statement template.   |
|          | 9. Learning Plan Visit Jacksonville.gov - JSEB Application to retrieve the Learning Plan Chart.    |
|          | 10. If Applicable Last three years of Business Profit and Loss                                     |
|          | 11. Company check writing "signature" card (obtained from company's bank)                          |
|          | 12. List of assets, equipment, inventory and approximate value, owned by firm                      |
|          | 13. Building / office lease / rental agreement for business site (if applicable) Receipt           |
|          | for lease / rental payment for business site (latest month only)                                   |
|          | 14. Current Florida Department of Revenue Forms DR-11 and DR-13 (for Suppliers)                    |
|          | 15. Current Resume   |
|          | 16. Three executed contracts, purchase orders or relevant invoices                                 |
|          | 17. Current insurance and / or bonding certification   |
|          | 18. State issued business certificate  |
|          | 19. Articles of Incorporation from State of Florida or (other) and any amendments                  |
|          | 20. Fictitious Name Certificate from State of Florida  |
|          | 21. List other relevant documents.   |
|          |  |
|          |  |
|          |  |
|          |  |

# CITY OF JACKSONVILLE (FL) SMALL & EMERGING BUSINESS OFFICE FINANCE & ADMINISTRATION DEPT.



Certification Application 214 N. Hogan Street, 8<sup>th</sup> FL Jacksonville, FL 32202 (904) 255-8840

| Complete name of business:        |  |   |
|-----------------------------------|--|---|
| Address of business:              |  |   |
|                                   |  |   |
| Business's tax ID number:         |  |   |
| Telephone number:                 |  |   |
| Fax number:                       |  |   |
| Cell number:                      |  |   |
| Company website:                  |  |   |
| Date established                  |  |   |
|                                   | (month) (day) (year)   |   |
| Owner's name:                     |  |   |
| Title:                            |  |   |
| Address of owner:                 |  |   |
|                                   |  |   |
| Owner's Email address:            |  |   |
|                                   |  |   |
| 1. Type of business:              | <ul><li>□ Corporation / S Corp</li><li>□ Partnership</li><li>□ Limited Liability Company</li><li>□ Sole Proprietorship</li></ul> |   |
| 2. List any previous names of the | business and their Tax ID numbers:   |   |
|                                   |  |   |
|                                   |  | _ |
|                                   |  | - |

Completion of the application determines the business agrees to abide by the requirements of Chapter 126, Part 6, Jacksonville Ordinance Code, and that, upon application approval and receipt of a certification letter indicating the period of certification regarding the same, it is the business' responsibility, with or without notification, to submit an affidavit for re-certification within 60 calendar days before the date on which the period of certification ends or expires.

|       | NIGP Commod Jacksonville.go       | •            |                       | n be touna   | on .          |                     |           |
|-------|-----------------------------------|--------------|-----------------------|--------------|---------------|---------------------|-----------|
|       | Code                              | De           | scription             |              | Code          | Descrip             | otion     |
|       |                                   |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
| 4.    | List all licenses and/or service. | -            | •                     | ses") requir | ed to legal   | ly perform all wo   | rk        |
|       | Lice                              | nse          |                       | Name of L    | icense Ho     | lder                | Expiratio |
|       | Business Tax I                    | Receipt      |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
|       | -                                 |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
| 5. 1  | Number of emp                     | loyees: □s   | elf only or E         | self plus:   | full-time     | _; part-time        |           |
| 6. (  | Geographical a                    | reas the bu  | siness has serve      | ed and is cu | irrently serv | ing:                |           |
|       | States:                           |              |                       |              |               |                     |           |
|       | Florida counties                  | :            |                       |              |               |                     | <u></u>   |
| 7. T  | he business has                   |              | Shares of Stoc        | k at \$      | Par           | Value.              |           |
| 8. Ic | dentify all owner                 | s of the bus | iness:                |              |               |                     |           |
|       | NAME                              |              | YEARS OF<br>OWNERSHIP | %<br>OWNED   | VOTING<br>%   | ANNUAL COMPENSATION | ٧         |
|       |                                   |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
| -     |                                   |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |
|       |                                   |              |                       |              |               |                     |           |

List ALL commodities provided by the business, listing PRIMARY services FIRST.

3.

| TITLE   | NAME  |       | ALSO EMPLOYED BY              |
|---|---|-------|-------------------------------|
| PRESIDENT   |   |       |                               |
| VICE-PRES.  |   |       |                               |
| SECRETARY   |   |       | _                             |
| TREASURER   |   |       |                               |
| DIRECTOR  |   |       |                               |
| for financial   | ess with whom you transact boor technical assistance? e business(s) and explain the r | , ,   | □Yes □No                      |
| •   | e individuals who make and h  |       | e following management        |
| •   | lecisions on a <b>DAY-TO-DAY</b> bo   |       | e following management  Title |
| and policy d  | lecisions on a DAY-TO-DAY bo  | asis: |                               |
| and policy d  | lecisions on a <b>DAY-TO-DAY</b> bo   | asis: |                               |
| Responsibi Policy Mak                                     | lecisions on a <b>DAY-TO-DAY</b> bo   | asis: |                               |
| Responsibi Policy Mak Financial D                         | lecisions on a <b>DAY-TO-DAY</b> bookility  Ling  Decisions  Decisions                | asis: |                               |
| Responsibi Policy Mak Financial D Personnel I Signs Payro | lecisions on a <b>DAY-TO-DAY</b> bookility  Ling  Decisions  Decisions                | asis: |                               |

9.

Identify each officer of the business:

|     | owing questions, as well as the criteria found in CFR Part 121, will be used to deter<br>our business has any affiliates:  | mine  |
|-----|--|-------|
| a.  | Does the owner(s) having control of the applicant business own, control or have the power to control 51 percent or more of the voting stock of another business?   | □ Yes |
| b.  | Do the bylaws of the applicant business allow a stockholder with less than 51 percent of the voting stock (who is also the controlling owner of another business) to block any action taken by otherstockholders?  | □ Yes |
| c.  | Does the owner(s) having control of the applicant business have the ability to control another business through stock options, articles of incorporation, bylaws, voting trusts, convertible debentures, agreements to merge, or other third party agreements? | □ Yes |
| d.  | Do other individuals or businesses have the ability to control the applicant business for the same reasons as listed in the proceeding question?   | □ Yes |
| е.  | Does the applicant business share common officers, directors, or key employees / managers with any other business, such that either business has the ability to control the board of directors and / or management of the other?                               | □ Yes |
| f.  | Is the applicant business dependent upon another business for contracts, financial, or other business assistance; or is any other business dependent upon the applicant business for the same reason(s)?   | □ Yes |
| g.  | Does the owner(s) having control of the applicant business have a family member who has a controlling interest in another business and the two businesses share employees, facilities, officers, directors, owners or engage in inter-business transactions    | □ Yes |
| / c | any item in question 13 is answered YES, an affiliate relationship exists. List the pompanies involved and explain the relationships between the applicant and a sinesses.   |       |
|     |  |       |

12. To participate in the JSEB program, the annual gross receipts of the applicant business and its "affiliates" must be below limits established by Jacksonville Ordinance. The

|                                       | ROSS RECEIPTS (as shown on your still state of the state |   |  | pplicantbusiness                            |
|---------------------------------------|---|---|--|---|
|                                       | (A)<br>APPLICANT BUSINESS   | AFF                                       | (B)<br>FILIATE'S NAME:   | (C)<br>AFFILIATE'S NAME:                    |
|                                       |   |   |  |   |
| (1) YEAR<br>ENDING<br>20              | \$  | \$  |  | 5   |
| (2) YEAR<br>ENDING<br>20              | \$  | \$  |  | S   |
| (3) YEAR<br>ENDING<br>20              | \$  | \$  |  | 5   |
| \$                                    | (ATTACH ADDITIONAL SHE ne applicant business' bonding y checking /account institution.  | company                                   | and limits (if applica   | able):                                      |
| largest pr<br>last two y<br>to indica | e your ability to perform the ser-<br>rojects in dollar amount, execut<br>ears. Attach copies of relevant<br>te the contract/project numbe<br>lize invoices, please supply ther   | ed (signed<br>pages fror<br>er, price, so | <ul><li>by the applicant to<br/>a contracts for each</li></ul> | ousiness during the<br>n project identified |
| AMOUNT                                | SCOPE OF WORK   | DATE                                      | CITY/STATE   | CONTRACTOR                                  |
|                                       |   |   |  |   |
|                                       |   |   |  |   |
|                                       |   |   |  |   |

| PRIME   | PROJECT NAME N   | O., or BRIEF DESCRIPTION                                 | AMOUN       | T DATE  |
|---|--|--|-------------|---------|
| TRIVIE  | TROSECTIVIVIE, IV  | O., OI BIGET BESCRIFTION                                 | 7 (171001)  | D/(11   |
|   |  |  |             |         |
|   |  |  |             |         |
|   |  |  |             |         |
|   |  |  |             |         |
|   |  |  |             |         |
| 19. Is your business a s  | supplier or distributor?   |  | □Yes □N     | 0       |
|   | usiness stock the items  |  | □Yes □N     | _       |
| Do you have<br>Is your busine   | a warehouse?   | □Wholesale   | □Yes □N     | 0       |
| 13 7 3 3 1 2 3 1 1 1  |  | □Retail  |             |         |
|   |  | □Other   |             |         |
| llar value of inventory ¢   |  | (avalain)  |             |         |
|   |  | Average (explain)  |             |         |
| iidi valoe ol ilivellioly \$ _  |  | _Average (explain)                                       |             |         |
|   |  | _Aveluge   | n checklist |         |
| Supplier  | Distributor see JSEB   | Certification item 14 or                                 |             |         |
| <b>Supplier</b> , 20. Are there any writt                                 | / <b>Distributor see JSEB</b><br>en, oral or tacit agree<br>atrol or financial oper      | Certification item 14 or ements concerning               |             | Yes □No |
| Supplier, 20. Are there any writt- the ownership, cor applicant business  | / <b>Distributor see JSEB</b><br>en, oral or tacit agree<br>atrol or financial oper      | Certification item 14 or ements concerning ations of the |             | Yes □No |
| Supplier,  20. Are there any written the ownership, corapplicant business | ' <b>Distributor see JSEB</b><br>en, oral or tacit agree<br>atrol or financial oper<br>? | Certification item 14 or ements concerning ations of the |             | Yes □No |
| Supplier, 20. Are there any written the ownership, corapplicant business  | ' <b>Distributor see JSEB</b><br>en, oral or tacit agree<br>atrol or financial oper<br>? | Certification item 14 or ements concerning ations of the |             | Yes □No |
| Supplier, 20. Are there any written the ownership, corapplicant business  | ' <b>Distributor see JSEB</b><br>en, oral or tacit agree<br>atrol or financial oper<br>? | Certification item 14 or ements concerning ations of the |             | Yes □No |

# City of Jacksonville (FL) JACKSONVILLE SMALL EMERGING BUSINESS (JSEB)

Ordinance 2021 - 117 E

## **BUSINESS NET WORTH**

| Complete this form for Business being  | g Certified: |  |              |  |
|--|--------------|--|--------------|--|
| Applicant Name:  |              | Cell Phone:  |              |  |
| Residence Address:   |              | Residence Phone:   |              |  |
| City, State and Zip Code:  |              |  |              |  |
| Business Name:   |              | Business Phone:  |              |  |
| BUSNESS FINAN  | ICIAL STATE  | MENT As of,  | 20           |  |
| CURRENT ASSETS   | (Omit Cents) | TOTAL LIABILITIES  | (Omit Cents) |  |
| Accounts and notes receivable  | \$           | Accounts Notes payable to banks and others (describe in section 1) | \$           |  |
| Intangible Assets; Copyrights,<br>Patents & Trademark  | \$           | Unpaid / overdue taxes (describe in section 5)                     | \$           |  |
| Other Property Owned by the Business i.e. Office Furniture, Computers, Machinery equipment etc. Value (describe in sec. 2) | \$           | Business Loans   | \$           |  |
| Non-operating assets, i.e. land, interest income, investments. Stocks and Bonds (describe in sec. 3)                       | \$           | Fringe Benefits  | \$           |  |
| Real estate Value (Owned by the Business)  | \$           | Total OTHER real estate Mortgage (describe in section 3)           | \$           |  |
| Company Automobile(s) - present<br>value   | \$           | Company Auto loan current<br>Balance                               | \$           |  |
| Other property and assets  | \$           |  | \$           |  |
| Business value – net worth of business times percent ownership*  | \$           | Other liabilities<br>(describe in section 6)                       | \$           |  |
| Total Assets   | \$           | Total Liabilities  | \$           |  |
| NET WORTH (Total Assets minus Total Liabilities) = \$  |              |  |              |  |

<sup>\*</sup>For example: If my company is worth \$100,000, and I own 51% of the business, the business value is \$51,000.  $($100,000 \times 0.51 = $51,000)$ 

## **DETAILS OF PREVIOUS PAGE**

Section 1. Notes Payable to Bank / Others

| Name and Address of<br>Note holder(s) | Original Balance | Current Balance |
|---------------------------------------|------------------|-----------------|
|                                       | \$               | \$              |
|                                       | \$               | \$              |
|                                       | \$               | \$              |
|                                       | \$               | \$              |
|                                       | \$               | \$              |
|                                       | \$               | \$              |
|                                       | \$               | \$              |

Section 2. In this description, assets include buildings, office furniture, machines, computers and other equipment that has value. (Attached an additional page if needed)

| Quantity | Description | Total Value |
|----------|-------------|-------------|
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |

Section 3. A company's non-operating assets may be unused land, spare equipment, investment securities, and so on. Income from non-operating assets contributes to the non-operating income of a company.(Attached an additional page if needed)

| Quantity | Description | Total Value |
|----------|-------------|-------------|
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |
|          |             | \$          |

**Section 4. Unpaid Taxes (** Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached.)

| Section 5. Real Estate Owned (List each parcel separately.) |            |            |            |  |  |
|---|------------|------------|------------|--|--|
|   | Property A | Property B | Property C |  |  |
| Type of Property  |            |            |            |  |  |
| Address   |            |            |            |  |  |
| Date Purchased  |            |            |            |  |  |
| Original Cost   | \$         | \$         | \$         |  |  |
| Present Market<br>Value                                     | \$         | \$         | \$         |  |  |
| Mortgage<br>Balance   | \$         | \$         | \$         |  |  |

| Section 6. Other Liabilities (Describe in detail.) |  |
|--|--|
|  |  |

I authorize the City of Jacksonville to verify the accuracy of the statements made in order to determine whether I meet the standards for participation in the JSEB Program at the City of Jacksonville.

# PROVIDE A COPY OF BUSINESS FEDERAL TAX RETURN FOR THE YEAR

TO SUPPORT THIS STATEMENT.

These statements are true and correct to the best of my belief.

| SIGNATURE: | TITLE: | Complete EIN: | DATE: |
|------------|--------|---------------|-------|
|            |        |               |       |

### **AFFIDAVIT AND AUTHORIZATION**

The undersigned swears that the initial and any supplemental information, statements and documents provided are: (i) provided in an effort to induce the grant of JSEB certification with the City of Jacksonville; and (i) true and correct and include all material information necessary to identify and explain the operations of the undersigned's business, as well as the ownership thereof. Subsequent to receiving certification as a JSEB, the undersigned agrees to abide by all applicable federal, state and local laws, statutes, ordinances, rules and regulations, to abide by the requirements contained herein and to provide to the City of Jacksonville current, complete and accurate information regarding actual work performed on any City of Jacksonville project, the payment therefore and any proposed changes, if any, and to permit the audit and examination of books, records and files of the undersigned business upon the City of Jacksonville's reasonable notice and/or request for the same.

The undersigned hereby authorize(s) and request(s) any person, business or corporation to furnish any pertinent information requested by the City of Jacksonville deemed necessary to verify the statement made in this application or regarding the ability, standing and general reputation of the applicant.

I understand according to § 337.135, F.S., as may be amended from time to time, it is unlawful for any individual to fraudulently represent an entity as a small or socially and economically disadvantaged business enterprise for the purposes of qualifying for certification designed to assist small or socially and economically disadvantaged business enterprises in the receipt of contracts for the provision of goods and services. Any person who violated this section is guilty of a felony of the second degree, punishable in §§ 775.082, 775.083, or 775.084, F.S., as may be amended from time to time.

Furthermore, I understand that I may not:

- (a) Fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining or retaining or attempting to obtain small or socially disadvantaged business enterprise certification.
- (b) Violate the requirements of the City of Jacksonville Ordinance Code, particularly Chapter 126, or willfully make a false statement, whether by affidavit, report, or other representation for any purpose, particularly for the purpose of securing a contract for the provision of goods and services, or of influencing the certification or denial of certification of any entity as a small or socially disadvantaged business enterprise; or
- (c) Willfully obstruct, impede, or attempt to obstruct or impede the investigation of the qualifications of a business entity that has requested certification as a small or socially disadvantaged business enterprise.

Any material misrepresentation will be grounds for immediate de-certification, debarment, and initiation of action under Federal, state or local laws concerning false statements.

| Corporate Seal:                        |   |            |  |
|--|---|------------|--|
|  | Print Applicant's Name                      |            |  |
|  | Applicants Signature                        |            |  |
| County of                              |   |            |  |
| Sworn to and subscribed before me this | day of,                                     | 20by       |  |
| (Na                                    | me of affiant). He / She is personally k    | nown to me |  |
| or has produced                        | (type of identification) as identification. |            |  |
| (Notary's printed name) Cor            | nmission expires. (Notary's                 | Signature) |  |

Information provided to the COJ for JSEB Program