



## **SMALL BUSINESS DEVELOPMENT (SBD)**

### **Small Business Enterprise Certification Eligibility Requirements**

#### **Small Business Programs:**

**SBEs** (Small Business Enterprise) are small businesses that provide goods and/or services to Miami-Dade County. The SBE program, which is race and gender neutral, consists of two tiers.

**Micro Enterprise (Micro)** - three (3) year average annual gross revenues cannot exceed 2 million dollars except manufacturers whose number of employees cannot exceed fifty (50) and wholesalers whose number of employees cannot exceed fifteen (15).

**Small Business Enterprise (SBE)** - three (3) year average gross revenues cannot exceed 5 million dollars except manufacturers whose number of employees cannot exceed one hundred (100) and wholesalers whose number of employees cannot exceed fifty (50).

- Located and performing a commercially useful function in Miami-Dade County
- Must be properly licensed to do business with Miami-Dade County
- Completion of Vendor Registration Package with the Department of Procurement is highly recommended
- Must own only one certified Micro/SBE certified firm
- Must be an established business for at least one-year
- Annual Continue Eligibility required

**CSBEs** (Community Small Business Enterprise) are defined as independent construction companies that are:

- Located and performing a commercially useful function in Miami-Dade County
- Not exceeding 3-year average gross receipts of \$10 million for general building (NAICS 236/SIC 15), \$6 million for heavy construction contractors (NAICS 237/SIC 16), and \$5 million for specialty trade contractors (NAICS 238/SIC 17)
- Qualifier must own at least 10% of the firm's issued stock
- Provide Personal Financial (networth) Statement not exceed \$1,500,000 for each owner
- Must own only one CSBE certified firm
- Annual Continue Eligibility required

**CBEs** (Community Business Enterprise) are defined as independent corporations, partnerships, sole proprietors or other legal entities in the architecture and/or engineering industry that:

- Located and performing a commercially useful function in Miami-Dade County
- The qualifier owns at least 25% of firm
- Not exceeding 3-year average gross receipts of \$4.5 million for architectural services
- Not exceeding 3-year average gross receipts of \$6 million for engineering, surveying and mapping services, and landscape architectural services.
- Must own only one CBE certified firm
- Annual Continue Eligibility required

**LDBs** (Local Developing Business) are small businesses that have nonexclusive permits to provide general aeronautical services to commercial aircraft operators and airlines at Miami International Airport. Firm must be profit motivated. Non-Profit organizations are not eligible for LDB certification.

- Firm must have an actual place of business in Miami-Dade County
- Firm must have 3-year average annual gross receipts/revenues not exceeding \$22,410 million
- Firm must possess the required license(s) to conduct business in Miami-Dade County
- Annual Continue Eligibility required

#### **Disadvantaged Business Programs:**

**DBEs** (Disadvantaged Business Enterprise) is a federal program that ensures equal opportunity in transportation contracting markets, addresses the effects of discrimination in transportation contracting, and promotes increased participation in federally funded contracts by small, socially and economically disadvantaged businesses, including minority and women owned enterprises. Miami-Dade County is a Unified Certification Program member and processes applications for DBE certification. Please download application at: <http://www.dot.state.fl.us/equalopportunityoffice/dbecertification.shtm> and submit to SBD for processing.



## CERTIFICATION APPLICATION

SMALL BUSINESS DEVELOPMENT (SBD)  
STEPHEN P. CLARK BUILDING  
111 N.W. 1ST STREET, 19th Floor  
MIAMI, FL 33128

Date Received (Stamp Date Below):

PH: (305) 375-3111 FAX: (305) 375-3160

WEBSITE: <http://www.miamidade.gov/business/business-certification-programs.asp>

INSTRUCTIONS: Please complete each item. *Do not leave any spaces blank.* If a question is not applicable to your business, please check "N/A" box in the space provided for your answer. Whenever space is insufficient to answer a question completely, attach additional sheets if necessary; use the question number to identify any answer continued on an additional sheet. *An incomplete application will be returned.*

### 1. FIRM NAME & ADDRESS

Firm Name:  <http://gisims2.miamidade.gov/CServices/CSMap.asp?ShowWhat=12>  
Trade Name or D/B/A:  (Click on above link to find District)  
Business Street Address:  Commissioner District#:   
City:  State:  Zip Code:  County:   
Contact Person:  Title:   
Majority Owner's Name:   
Office Telephone:  Fax:  Cell:  Email:   
Mailing Address (if different):  Owner's Primary Residence (SBE and LDB Only):

### 2. CHECK CERTIFICATION(S) REQUESTED:

Small Business Programs:

- ☐ Community Small Business Enterprise (CSBE)  
☐ Community Business Enterprise (CBE)  
☐ Micro/Small Business Enterprise (SBE)

Other Programs:

- ☐ Local Developing Business (LDB)

### 3. BUSINESS ESTABLISHED:

#### BUSINESS STRUCTURE:

- ☐ CORPORATION

Date of Incorporation:

State of Corporation:

Number of Shares:

Authorized

Issued

Preferred:

Common:

- ☐ SUB CHAPTER S CORPORATION (Please provide form 2553 - Election by Small Business Corporation)  
☐ LLC  
☐ PARTNERSHIP  
☐ SOLE PROPRIETORSHIP SSN   
☐ FEDERAL ID NO.

### 4. NUMBER OF EMPLOYEES:

Permanent/Full Time  Part Time  Temporary

**5. PLEASE INDICATE THE SERVICES PROVIDED/WORK PERFORMED/PRODUCTS SOLD**

(Please use the NIGP Commodity Codes for SBE)

<http://www.miamidade.gov/dpm/library/commmlist.pdf>

(Please use the NAICS Codes for all other enterprises)

<http://www.census.gov/eos/www/naics/>

(Please use the Technical Certification Categories for CBE)


**6. GROSS RECEIPTS FOR LAST THREE YEARS:** *Please submit Owner/Officer signed copies of corporate federal tax returns*

	:	\$	
	:	\$	
	:	\$	

**7. QUALIFIER OR LICENSE HOLDER'S NAME (if applicable):**

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**8. OFFICE FACILITY (Check One)**

☐ Check Box

☐ **Rent / Lease**

☐ **Own**

*(Please submit current signed copy of the lease agreement/warranty deed)*

If rent, provide:

Name of Landlord:

Address:

City:

State:

Zip Code:

You must submit copies of the current year Miami-Dade County and Municipality Local Business Tax Receipt (formerly Occupation License).

If a home office, please provide proof of ownership or rental.

List separately other facilities used for storage in the operations of the business.

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**9. CONTROL OF FIRM**

Identify those individuals who are responsible for day-to-day management and policy decisions.

Check where applicable and provide resumes of each individual.

Name:	Race/ Ethnicity	Sex	Title	Financial Decisions	Management Decisions	Mgt. Technical Personnel	Marketing Decisions	Field Supervisor
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Name of current members of the Board of Directors:**

Name	Ethnicity	Period of Service		%	Stock Owned
		—		%	
		—		%	
		—		%	
		—		%	

Identify all shareholders, owners or partners individually and list the requested information for each.

**11. (CSBEs: Please provide a Personal Financial Statement for each owner)**

Name	Race/Ethnicity	Sex	No. of Shares	% of Ownership	Total Cost of Shares	Date Shares Acquired	*(CSBE Only) Personal Net Worth
					\$		
					\$		
					\$		
					\$		

**12. Identify Company Officers/Key Personnel. Indicate responsibilities and provide separate resume for each individual:**

Title	Name	Date Elected/Employed	Sex	Race/ Ethnicity	Current Salary
President					\$
Vice President					\$
Secretary					\$
Treasurer					\$
Chief Oper. Off.					\$
Qualifier					\$

**13. All owners of the applicant firm that have ownership and/or financial interest in another firm (to include non-profit organizations) please identify the firm by owner's name, company name, type of goods and/or services provided and the percentage of ownership. (Use attachment if necessary.)** ☐ N/A

Name	Company Name	Type of Business	% Ownership

Which of the above firms, if any, are certified by Miami-Dade County?

\*\*\*Please submit signed copies of corporate federal tax returns for the previous three years for all above- mentioned firms.

**14. If your company is owned in full or in part by another firm, identify that firm and percentage of ownership interest (Include Mesbics, venture capitalists, and other similar investors.)** ☐ N/A

Firm Name	Address	% Ownership	Contact Person	Telephone

15. Identify any owner or management official of this firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with this company. Such business relationships include: shared space, equipment, financing, or employees; both firms having some of the same owners; or a contractor-subcontractor relationship. ☐ N/A

Name	Title	Affiliated Company	% Stock Owned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. Identify Banking Institution(s):

Name of Institution	Address	Contact Person	Type of Account
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Number of signatures required on company checking account:

Please provide the signatures of all officers/key personnel of the firm and indicate if they are authorized to sign.

	Print Name	Signature	Authorized to Sign Checks
President	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vice President	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chief Oper. Off.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifier	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. If other persons are authorized to sign checks, please indicate: ☐ N/A

Name	Title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**19. List all cash contributions to your business during the past 36 months, including gifts, loans, equipment, expertise:**

Source of Contribution	Type of Contribution	Amount/Value	Purpose of Contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**20. Has your firm been denied certification, decertified, suspended, or challenged as a small, minority, or Disadvantaged Business Enterprise (DBE) by any agency or institution during the past 36 months?**

☐ Yes      ☐ No      If "Yes", Identify:

Agency	Type of Action	Telephone	Contact Person	Date of Denial
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**21. Has your firm been certified/pending as a small, minority, or Disadvantaged Business Enterprise (DBE) by any agency or institution during the past 36 months?**

Agency	Telephone	Contact Person	Expiration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**22. a. Is your firm authorized to do business in the State of Florida, and does your firm have all the required business licenses?**

☐ Yes      ☐ No      If "No", please explain:

**b. Is your firm authorized to do business in Miami-Dade County?**

☐ Yes      ☐ No      If "No", please explain:



23. Identify and fully explain any changes within the past 15 months affecting the ownership, control and/or responsibility for the day-to-day operations of the company (use a separate sheet if necessary):


24. During the past 15 months has any owner, key management official, or qualifier been employed in any capacity by another company?

☐ Yes      ☐ No      If "yes", please identify owner, qualifier, or management official employed; the employer; job title/work performed; salary/compensation.


25. List three (3) projects/contracts/proposals completed by your business during the past 12 months:

Project	Amount	Completion Date	Name of Client/Contact Person	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

26. Are any owners of the business employed or have ever been employed by Miami-Dade County?

☐ Yes      ☐ No      If "yes", please complete the following

Name	<input type="text"/>		
Department	<input type="text"/>		
Starting Date	<input type="text"/>	Ending Date	<input type="text"/>

DISCLOSURE AFFIDAVIT FOR CERTIFICATION

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, an officer duly authorized to administer oaths and take  
acknowledgement, personally appeared \_\_\_\_\_, who being  
first duly sworn deposes and affirms that the provided information statements are true and  
correct to the best of his/her knowledge information and belief.

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

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Signature of Notary Public-State of Florida

My Commission Expires:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE  
CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB-VENDOR TO CIVIL OR CRIMINAL  
PROSECUTION. SEE CHAPTER 837, SECTION 337.012, TITLE 32 OF THE FLORIDA STATE  
CODE.



## CERTIFICATION DOCUMENT CHECKLIST

**Please include all support documents with your application**

**Failure to do so delays the certification review process**

**Please include this checklist for easier processing**

Firm Name:		SBD Use Only
<input type="checkbox"/>	1. CSBE Personal Financial Statement (Construction Firms Only) (See Section #11 of Application)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	2. Copies of signed corporate federal tax returns, including all schedules for the last three (3) years or number of years a firm and/or affiliates have been in business. For sole proprietor, copies of individual tax returns for the last 3 years or number of years firm and/or affiliates have been in business, or a copy of Form 7004 (If Wholesaler/Manufacturer see #12)	<input type="checkbox"/> Submitted <input type="checkbox"/> Submitted - Affiliates <input type="checkbox"/> Submitted (Sunbiz Report)
<input type="checkbox"/>	3. Proof of Business Structure: Corporation/ LLC/Partnership/ Sole Proprietorship (see Section 3) (Article of Incorporation, Stock Certificate (front and back); Stock Ledger, Corporation Meeting Minutes)	
<input type="checkbox"/>	4. Qualifier is an owner: CBE - 25% CSBE-10% Micro/SBE - 10%	<input type="checkbox"/> Y <input type="checkbox"/> N (See Section 3)
<input type="checkbox"/>	5. Picture ID for each owner (driver's license)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	6. Resume(s) for all Owners and/ or Corporate Officers/Key Personnel (See Section #12 of Application)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	7. Copies of all current Miami-Dade County and municipality Local Business Tax Receipt (formerly Occupational License), individual, and firm if the firm is a professional association (e.g. accountant, architect, engineer)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	8. Copies of current State and/ or local Certificate of Competency (front and back) from Miami-Dade County, contractor's professional license.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	9. Copy of current Technical Certification (Professional categories, land surveyors, mapping, geologist, etc.-CBE certifications ONLY)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	10. Current Lease Agreement, Purchase Agreement, or Copy of Warranty Deed to show ownership of property	<input type="checkbox"/> Submitted
<input type="checkbox"/>	11. Commodity codes for each trade category specific to license and/or technical certification	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	12. Copy of manufacturers or wholesalers most recent Florida Department of Revenue Employer's Quarterly Report-Form UCT-6 (Goods & Services Only)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	13. All affiliate documents (See Section #13 of Application) Notarized Statement on firm's letterhead for each owner indicating ownership and/or financial interest in any other firm(s) owned (to include non-profit organizations). Please provide 3 years corporate tax returns for each affiliate. _____	<input type="checkbox"/> Submitted  (Sunbiz report for all entities in file)
Comments:		

### Additional Resources Links:

Internal Services Department,  
Procurement Management Division

- For Vendor Registration

Internal Services Department, A & E Services - For Technical Certification

### Click on Link:

<http://www.miamidade.gov/procurement/vendor-services.asp>

<http://www.miamidade.gov/internalservices/pre-qualification-certification.asp>