



City of Omaha
Jean Stothert, Mayor

Human Rights and Relations Department
Omaha/Douglas Civic Center
1819 Farnam Street, Suite 502
Omaha, Nebraska 68183-0502
Phone No. (402) 444-5055
Fax (402) 444- 5058

**CERTIFICATION FOR
TIER I/II EMERGING SMALL BUSINESS (ESB) OR SMALL BUSINESS (SB)**

To be certified as a TIER I/II Emerging Small Business (ESB) or Small Business (SB) please complete the enclosed application and return to:

City of Omaha
Human Rights and Relations Department, Rm 502
Omaha/Douglas Civic Center
1819 Farnam Street
Omaha, NE 68183

If you have any questions regarding the TIER I/II Emerging Small Business (ESB) or Small Business (SB) application, please contact the Human Rights and Relations Department. The Human Rights and Relations department reserves the right to request additional information or documentation deemed necessary to establish ownership, operation, control, management and qualifications.

The TIER I/II Emerging Small Business (ESB) or Small Business (SB) certification shall be in effect for 3 years from the date the Human Rights and Relations Department approves this Certification.

DEFINITIONS:

The term "North American Industry Classification System (NAICS)" is the standard established by the United States Office of Management and Budget used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.

The term "small business," wherever used in this division, shall mean a business entity that:

- (1) Is not an affiliate or subsidiary of a business in its field of operation; and
- (2) Is not: a manufacturer's representative; a franchise, unless operating as an independent entrepreneur utilizing a franchise name only; a business where the owner is an owner or part owner of another similar business; or, a non-stocking retailer or wholesaler; or
- (3) Is a construction contractor, including a building constructor or heavy and civil engineering contractor as described in subsections 236 and 237 of the NAICS standard whose average annual gross receipts from the past three years does not exceed the size standard (in million dollars) and/or the size standard in number of employees (25 percent of NAICS code) for those subsections of the NAICS as published in the current U.S. Small Business Administration Table of Small Business Size Standards matched to North American Industry Classification System Codes; or
- (4) Is a specialty trade contractor as described in subsection 238 of the NAICS standard whose average annual gross receipts from the past three years does not exceed the size standard (in million dollars) and/or the size standard in number of employees (25 percent of NAICS code) for those subsections of the NAICS as published in the current U.S. Small Business Administration Table of Small Business Size Standards matched to North American Industry Classification System Codes; or

- (5) Is an “other contractor” whose average annual gross receipts from the past three years does not exceed the size standard (in million dollars) and/or the size standard in number of employees (25 percent of NAIS code) as published in the current U.S. Small Business Administration Table of Small Business Size Standards matched to North American Industry Classification System Codes; and
- (6) The net worth of individual owners may not exceed the sum of \$1.32 million (this figure may be subject to change from time to time based upon the rules promulgated by the U.S. Department of Transportation) after excluding the individual's equity in the business seeking certification and the individual's equity in his or her primary residence. As used in this subsection the word “owner” includes any person holding any percentage ownership in the business; and
- (7) Individual owners may not hold more than 20 percent ownership in any other single business, unless the other business(es) is certified by the City of Omaha as a small business or an emerging small business. As used in this subsection the word “owner” includes any person holding any percentage ownership in the business.

The term “emerging small business” or “ESB,” wherever used in this division shall mean a business entity whose size is no greater than 10 percent of the numerical size standard applicable to the North American Industry Classification System (NAICS) code assigned to a contracting opportunity.

“Tier I” ESB or SB is any emerging small business or small business concern that is certified as such by the City of Omaha and,

- (1) has invested in a primary headquarters office or has a physical working office location within a census tract or contiguous area within Douglas County, Nebraska, based upon census data updated at least every ten years beginning in 2010 that shows 30 percent or more of the persons in that census tract are below the poverty level or at least 15 percent of the persons in the contiguous tract are below the poverty level; and
- (2) can show that 20 percent or more of its employees reside in a census tract or contiguous area within Douglas County, Nebraska, based upon census data updated at least every ten years beginning in 2010 that shows 30 percent or more of the persons in that census tract are below the poverty level or at least 15 percent of the persons in the contiguous tract are below the poverty level.

“Tier II” ESB or SB is any small or emerging small business that is outside the Tier I area.

Section I General Information (this section will be shared with the Public Works Department):

How did you hear about the Tier I/II Small and Emerging Small Business Program? _____

Is your business a Tier I or Tier II per the definition outlined on page 2? Tier I Tier II

* A Tier I Certification – Poverty Area input box is available on the Human Rights and Relations Department website (www.cityofomaha.org/humanrights/contract-compliance) to assist your firm in verifying if it meets requirements 1 and 2 under the Tier I definition.

Type of Organization:

- Individual (Sole Proprietorship)
- LLC
- Corporation
- S-Corp
- Partnership
- Other _____

Type of Business:

- Wholesale Distributing
- Manufacturing or Production
- Retail Dealer
- Service Organization
- Contractor Type _____
- Other _____

Provide a brief description of your firm’s primary product, service, or work area.

Company Name: _____

Business Start Date: _____

Mailing Address: _____ P.O. Box No. _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Company Contact Person: _____ Title: _____

E-Mail: _____

If license or permit requires you to provide product or service, list below and include a copy (e.g., contractor’s license, engineer/architect license, etc.)

Name of qualifying individual	Type of license/permit	License/permit no.	Expires

Distributor:

Is your firm a distributor?

Yes No

If a distributor: Does your business stock the items sold?

Yes No

If a distributor: Do you have a warehouse?

Yes No

If a distributor: Is your business?

Wholesale Retail Broker Other _____

Average dollar value of inventory \$ _____

Attach inventory list

Equipment (If equipment exceeds space below, attach additional list):

Equipment	Owned or Leased	Where is equipment stored

Contracts:

List the firm's last four contracts including the largest contract within the last 3 years. Please include name, value and description of contract work.

Name of Contract	Dollar Amount	Description

The following information is voluntary. It is for statistical purposes only and will not affect your application.

Owner is: Male Female

Owner is: White Black/African American Hispanic or Latino American Indian or Alaska Native

Asian Native Hawaiian or Other Pacific Islander Two or more races

Section II Certification Information (this section will be kept confidential in the Human Rights and Relations Department and will not be shared with any other department):

List names of all principal owners.

Name	Title	Ethnic Origin/Race *	Gender *	% Ownership	Date Acquired

** The following information is voluntary. It is for statistical purposes only and will not affect your application.*

If a corporation, list all current members of the Board of Directors and current officers.

Name	Title	Ethnic Origin/Race *	Gender *	% Ownership	Date Acquired

** The following information is voluntary. It is for statistical purposes only and will not affect your application.*

Small Business (SB) Certification Only: Do any of the firm’s owner(s) hold more than 20 percent ownership in any other single business? YES NO If yes, the other business(es) must also complete the City of Omaha certification process.

Responsibilities:

Who are the individuals responsible for the following?

	Name	% of Time
a.) Financial Decisions:	_____	_____
b.) Office Work:	_____	_____
c.) Management:	_____	_____
1. Solicitations (decisions to bid):	_____	_____
2. Estimating:	_____	_____
3. Marketing/Sales:	_____	_____
4. Hiring & firing of personnel:	_____	_____
6. Purchasing of major items or supplies	_____	_____
d.) Negotiating for surety bonds, loans:	_____	_____
e.) Supervision of field operations:	_____	_____
f.) Signing of insurance and payrolls:	_____	_____
g.) Contracts & negotiations:	_____	_____

Facilities:

If you have more than one location please list all locations below.

Are facilities owned or leased? How long? From whom?

If facilities are shared, state with whom and the relationship to applicant.

The following items are to be submitted with this application. All documents requested must be submitted with the application before the application can be approved. If unable to submit documents, please indicate the reason in writing.

- A. Copy of the company's last three years Federal Income Tax Returns, including all schedules.
- B. Copy of the last three years Personal Income Tax Returns (1040) for all current owners of the company (**Small Business applicants only**).
- C. Copy of Driver's License or State issued ID for all owners.
- D. Proof of citizenship (social security card, birth certificate, or U.S. Passport) or permanent resident alien status for all owners.
- E. If license or permit is required for you to provide product or service, include a copy of each.
- F. Copy of Nebraska Department of Labor contractor/subcontractor registration.
- G. Copy of building/office lease/rental agreement for business site.
- H. Copy of Organization set up i.e., Corporation, Limited Liability Company (LLC), Partnership, Joint Venture, Sole Proprietor (Copy of Trade Name).
- I. Copy of current liability insurance.
- J. Provide list of current employees including names, addresses, and phone numbers (**Tier I applicants only**).

*** Additional information may be requested.**

PERSONAL FINANCIAL STATEMENT

Fill out only if you are applying for the **Small Business** Certification. If you are applying for the Emerging Small Business Certification you do not have to fill this out.

As of _____

Complete this form for each owner of the firm.

Name

Business Phone

Residence Address

Residence Phone

City, State, & Zip Code

Business Name of Applicant

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments	\$	_____
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments	\$	_____
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile - Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income

Salary	\$	_____
Net Investment Income	\$	_____
Real Estate Income	\$	_____
Other Income (Describe below)*	\$	_____

Contingent Liabilities

As Endorser or Co-Maker	\$	_____
Legal Claims & Judgments	\$	_____
Provision for Federal Income Tax	\$	_____
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 toward 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 Note holder(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	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)

I authorize the City of Omaha Certification Program 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 stated date(s). These statements are made for the purpose of obtaining certification. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the City of Omaha.

Signature: _____ Date: _____ Social Security Number: _____

Notary Public: _____ Date: _____

Notary Seal: _____

CERTIFICATION

The undersigned does hereby certify and acknowledge that the foregoing answers are true, accurate and complete. Material or false statement or omission made in connection with this application is sufficient cause for denial of certification.

The undersigned understands that the City of Omaha intends to rely on the representations made herein and that same will be a factor considered in the award of certain City contracts. Therefore, the undersigned agrees to indemnify and hold harmless the City of Omaha for any damages it may sustain, of whatsoever kind or nature, as a result of any misrepresentation contained or made herein. Further, the undersigned agrees that any contract that same may have with the City which may have been awarded based upon the representations made herein, may immediately be terminated, at the City's sole option, and the City shall assume no further obligation or duty there under notwithstanding any contractual provisions to the contrary if said representations are false or misleading. The undersigned does hereby further certify that he/she has the authority to execute this form and bind the company and him/herself.

Name (Print or Type)

Title

Signature

Date

Subscribed to and sworn before me on this _____ day of _____, 20____.

Notary

Notary Seal

My Commission Expires _____, 20____.