

COUNTY OF KALAMAZOO

MINORITY BUSINESS ENTERPRISE (MBE) AND

WOMEN-OWNED BUSINESS ENTERPRISE (WBE)

CERTIFICATION

Company name

Street address

City

State

Zip

Telephone number

Date submitted

Type of business: Sole owner _____ Partnership/joint venture _____ Corporation _____

Federal Employer Identification Number _____

Number of years firm has been in business _____

Number of employees _____

INSTRUCTIONS

Please fill out the form completely. The information is needed to determine a firm's eligibility to participate in the County's MBE/WBE program. If you need assistance with the form, please contact the Purchasing Department at 269-383-8967.

Return the completed form to: Kalamazoo County Purchasing Department
201 W. Kalamazoo Avenue
Kalamazoo, MI 49007

If the firm is certified by the State of Michigan, Department of Civil Rights as an MBE or WBE, a copy of the certification letter may be sent instead of completing the entire form. However, it is necessary to complete and return #11, Bid categories.

5. Ownership of firm: Please identify below those people who own 5% or more of the firm.

| <u>Title</u> | <u>(a) Name</u> | <u>(b) Race</u> | <u>(c) Sex</u> | <u>(d) Years of Ownership</u> | <u>(e) Ownership Percentage</u> | <u>(f) Voting Percentage</u> |
|--------------|---------------------|---------------------|--------------------|---------------------------------------|---|--------------------------------------|
| Owner | _____ | _____ | _____ | _____ | _____ | _____ |
| President | _____ | _____ | _____ | _____ | _____ | _____ |
| V.President | _____ | _____ | _____ | _____ | _____ | _____ |
| Secretary | _____ | _____ | _____ | _____ | _____ | _____ |
| Treasurer | _____ | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ |

(If additional space is needed, please attach a sheet showing the requested information.)

6. If the firm is less than 100% minority owned, list the contributions of money, equipment, real estate or expertise of each of the owners.

7. What were the gross receipts of the firm for each of the last two (2) years?

Year ending _____ \$ _____ Year ending _____ \$ _____

8. Name of your bonding company, if any: _____

9. Name, address and telephone number of the bonding agency you do business with:

10. State your bonding limit: _____

11. On the next page, check those categories in which you would like to be placed in the bid file.

Please check the categories below for which we should send you bid packages or contact for quotations.

- | | | |
|--|--|--|
| <input type="checkbox"/> Advertising products | <input type="checkbox"/> Dictation/recording equip. | <input type="checkbox"/> Pest control services |
| <input type="checkbox"/> Architects/engineers | <input type="checkbox"/> Elevator maintenance | <input type="checkbox"/> Photographic supplies/equipment |
| <input type="checkbox"/> Asbestos abatement | <input type="checkbox"/> Financing companies | <input type="checkbox"/> Plumbing supplies/equipment |
| <input type="checkbox"/> Audiovisual equipment | <input type="checkbox"/> Floor covering | <input type="checkbox"/> Police equipment/supplies |
| <input type="checkbox"/> Audit services | <input type="checkbox"/> Food products/supplies | <input type="checkbox"/> Printing services |
| <input type="checkbox"/> Automobiles | <input type="checkbox"/> Food services | <input type="checkbox"/> Radios |
| <input type="checkbox"/> Auto parts, supplies, equipment | <input type="checkbox"/> Forms | <input type="checkbox"/> Recreational equipment |
| <input type="checkbox"/> Auction services | <input type="checkbox"/> Furniture, office | <input type="checkbox"/> Recycling services |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Gasoline | <input type="checkbox"/> Safety equipment/supplies |
| <input type="checkbox"/> Body shops | <input type="checkbox"/> Household supplies | <input type="checkbox"/> Security services |
| <input type="checkbox"/> Bread products | <input type="checkbox"/> Industrial equip./supplies | <input type="checkbox"/> Security systems, locks |
| <input type="checkbox"/> Busses | <input type="checkbox"/> Insurance | <input type="checkbox"/> Telecommunications equipment |
| <input type="checkbox"/> Cash registers | <input type="checkbox"/> Janitorial services | <input type="checkbox"/> Temporary employee services |
| <input type="checkbox"/> Civil process services | <input type="checkbox"/> Janitorial supplies | <input type="checkbox"/> Toys/games |
| <input type="checkbox"/> Consulting firms | <input type="checkbox"/> Kitchen equipment | <input type="checkbox"/> Travel agents |
| <u>CONTRACTOR</u> | <input type="checkbox"/> Laundry/dry cleaning services | <input type="checkbox"/> Typewriter maintenance |
| <input type="checkbox"/> Asphalt, paving | <input type="checkbox"/> Laundry equipment | <input type="checkbox"/> Typewriters |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Lawn/garden supplies | <input type="checkbox"/> Uniforms |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Light bulbs | <input type="checkbox"/> Vending services |
| <input type="checkbox"/> Drywall, insulation, plastering | <input type="checkbox"/> Lumber/hardware | <input type="checkbox"/> Waste disposal services |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Marine equipment/supplies | <input type="checkbox"/> Window cleaning |
| <input type="checkbox"/> Excavating | <input type="checkbox"/> Medical equipment | <input type="checkbox"/> Other (specify)_____ |
| <input type="checkbox"/> General Building | <input type="checkbox"/> Medical/pharmaceutical supplies | _____ |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Medical services | |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Microfilm/fiche equipment | |
| <input type="checkbox"/> Painting, papering | <input type="checkbox"/> Microfilm storage | |
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Milk and dairy products | |
| <input type="checkbox"/> Roofing, siding, gutters | <input type="checkbox"/> Movers | |
| | <input type="checkbox"/> Mowers/tractors, lawn equip. | |
| <input type="checkbox"/> Commissary services | <input type="checkbox"/> Office equipment | |
| <input type="checkbox"/> Computer equipment | <input type="checkbox"/> Office equipment repair | |
| <input type="checkbox"/> Computer supplies | <input type="checkbox"/> Office supplies | |
| <input type="checkbox"/> Copiers | <input type="checkbox"/> Paper and envelopes | |
| <input type="checkbox"/> Dental supplies/equip. | <input type="checkbox"/> Paper towels/toilet paper | |