

---

# BANKS SBE SELF-CERTIFICATION APPLICATION INSTRUCTIONS

Complete entire Self Certification Application in black or blue ink pen. By completing the attached application, you will be certified for bidding **contracts \$50,000 or less in dollar value**. For bids over \$50,000 you will need to complete the business certification application available on the internet at [www.cincinnati-oh.gov](http://www.cincinnati-oh.gov), or request an application from the Small Business Division at 352-3144. All businesses **must** have been in business for one (1) year prior to application.

## LOCATING YOUR SIZE STANDARD

### SIZE STANDARD VERIFICATION

1. Go to: [www.sba.gov](http://www.sba.gov)
2. Select "Contracting"
3. Under the Getting Started section go down to "Determining Business Size"
4. Scroll down to Step 1 find your NAICS code with the Bureau of the Census; then
5. Go To Step 2 "Table of Small Business Size Standards" match the NAICS code(s) with the appropriate size standard(s).
6. Scroll down to "Attachments" select the format of your choice (PDF) or (XLS)
7. Using your NAICS code scroll down to the category that reflects your company type of service. Review descriptions for your accurate service type; get your North American Industry Classification System (NAICS) code size standard and enter these figures on page 2 of this Self-Certification Application. Review the columns on the right to determine if your company **Size Standard** will not exceed the maximum listed for either gross revenue or number of employees. *If you are not certain that your company average is under the Size Standard listed, please follow instructions below*

If next to your NAICS Code your company is to reflect Gross Revenue then proceed to the next direction, if not Skip to 12.

8. Take your company's gross revenue for the past 3-years and divide by (3)
9. Enter the three year average where indicated on page two of the application and initial
10. Proceed to "My Bonding Range" (If applicable place dollar amount here and initial
11. Enter the net worth of all principal owners where indicated and initial  
Proceed to Oath and Affirmation Statement sign and notarize as indicated on application

If next to your NACIS Code your company is to reflect Number of Employees then proceed to 12

12. Take your total number of employees for the past 3-years and divide by three (3) and initial
13. Enter the three year average for employees where indicated on page two of application and initial
14. Proceed to "My Bonding Range" (If applicable) place dollar amount here and initial
15. Enter the net worth of all principal owners and spouse (if married) and initial
16. Proceed to Oath and Affirmation Statement sign and notarize as indicated on application

### APPLICATION SUBMITTAL

1. Please submit the completed application and any required documents to:

**City of Cincinnati – Small Business Enterprise Program  
Office of Contract Compliance  
Two Centennial Plaza  
805 Central Avenue - Suite 222  
Cincinnati, Ohio 45202**

2. For assistance in completing this application contact us at 513-352-3144
3. **If you have not completed a Vendor Registration Application with the City call 352-3209.**

Office of Contract Compliance Division reserves the right to request additional information when needed.

---



# BANKS SMALL BUSINESS PROGRAM

## Qualification Application (Under \$2,500 to \$50,000)



Name of Company		Federal Tax ID#.		# of Yrs in Present Business
Business Address	City	State	Zip	County
E-Mail Address		Business Phone #		Fax #
Are you a United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No    Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No    Other; _____				
Owner/Principal Name		Title		Contact Person Y <input type="checkbox"/> N <input type="checkbox"/>
Owner/Principal Name		Title		Contact Person Y <input type="checkbox"/> N <input type="checkbox"/>

Type Of Business:    Construction    Professional    Services    Supplier:    Broker    Franchise

Description of product/service company provides:

Technical/Trade Qualifications, Certification or Special Equipment

**Identify previous contract opportunities below**

Name of Contractor	Address	Telephone	Product/Services

*Please list below the type(s) of certification(s) the business is currently certified*

1.	2.
3.	4.
5.	6.
Attach a copy of current certificate (s) or letter (s) of certification	

For Official Use Only:  
Commodity (s)

## QUALIFICATION ELIGIBILITY REQUIREMENTS

For the purpose of the Banks Project Application, a business concern is a business that is independently owned, controlled and operated at least 51% and provides a product or service being utilized for the Banks Development Project only.

Economically disadvantaged individuals are those whose personal net worth does not exceed \$750,000. A socially disadvantaged individual has been subjected to societal prejudice or cultural bias because of their identities as members of groups without regard to their individual qualities.

### Qualification Oath and Affirmation (Signature must be witnessed and notarized by a Notary Public)

As the principle owner and contractor completing this application, I attest to the fact that the bidding associated with this application I affirm under penalty of perjury that the foregoing is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Subscribed and duly sworn in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

County of \_\_\_\_\_

State of \_\_\_\_\_

SS

\_\_\_\_\_  
(Notary Public (signature))

My commission expires: \_\_\_\_\_



**BANKS  
PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_, \_\_\_\_\_

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant/Borrower	

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

<b>Section 1. Source of income</b>	<b>Contingent Liabilities</b>
Salary ..... \$ _____	As Endorser Or Co-Maker ..... \$ _____
Net Investment Income ..... \$ _____	Legal Claims & Judgments ..... \$ _____
Real Estate Income ..... \$ _____	Provision For Federal Income Tax ..... \$ _____
Other Income (Describe In Section Below)* .... \$ _____	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 Shares	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. Listing must also include the primary residence)

	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 OCC 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 either obtaining SBE Certification. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_



---

Office of Contract Compliance

David I. Holmes  
Assistant City Manager

805 Central Avenue, Suite 222  
Cincinnati, Ohio  
Phone: 513-352-3144  
Fax: 513-352-3157

Rochelle Thompson  
Contract Compliance Officer

Dear SBE Applicants,

RE: Online Business Registration

**All** businesses interested in being awarded contracts with the City of Cincinnati (City) **must** be registered with the City. Registration is handled online through the Vendor Self-Service (VSS) system. To access this system and to register your business with the City, go to the City's website at [www.cincinnati-oh.gov/vss](http://www.cincinnati-oh.gov/vss).

There is an annual fee of \$55.00. You can pay your annual fee online. If you have any questions regarding VSS, please contact the VSS Customer Care Hotline at 352-BIDS (2437) option (1).

Business registration is separate and different from SBE certification. Businesses must be registered prior to SBE application submittal! When applying for SBE certification, please include a copy of your registration.

Send your SBE application and a copy of your registration to the Office of Contract Compliance, 805 Central Avenue, Suite 222, Cincinnati, Ohio 45202.



The City of Cincinnati Purchasing Division is pleased to have the Vendor Self Service system available to the public. This system, referred to as VSS, is the Purchasing Division's procurement tool for vendors to use online through the City's website: [www.cincinnati-oh.gov/vss](http://www.cincinnati-oh.gov/vss). VSS will allow vendors to do business with the City right from the office!

#### Benefits to You:

- Receive email notifications of business opportunities
- Self-management of vendor file information
- Access purchasing information 24 hours a day
- Saves time by viewing bids on-line
- User Friendly

VSS allows you to register on-line or attend a workshop where the Purchasing Division will assist you with:

- Getting familiar with how to use VSS
- Setting up your User Name and Password
- Entering vendor information directly into VSS, including changes to address, phone number, etc., and
- Paying your annual fee

For an annual fee of \$55.00 vendors will benefit from on-line access to City procurement information. Please be sure you are a VSS registered vendor before you receive and award. This system's future capabilities include:

- Downloading bid packets
- Submitting bids on-line
- Participating in reverse auctions

If you are interested in attending a Workshop please email the VSS Customer Care staff at [VSSCustomerCare@cincinnati-oh.gov](mailto:VSSCustomerCare@cincinnati-oh.gov), or contact the VSS Customer Care Hotline at 352-BIDS (2437) option 1. Our Customer Care staff is ready to assist you with any questions or concerns you may have regarding this innovative procurement system.