



**OFFICE OF ECONOMIC & SMALL BUSINESS DEVELOPMENT**

Governmental Center Annex

115 S. Andrews Avenue, Room A640 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-6010 • TTY 954-357-6181

Dear Business Owner:

Thank you for your interest in doing business with Broward County Government. The certification application, attached, for the County Business Enterprise (CBE) program, formerly known as the Community Disadvantaged Business Enterprise Program (CDBE), demonstrates our commitment to your business. The County Business Enterprise program is your key to a wealth of opportunities for contracting with Broward County.

The Broward County Commissioners have determined that meaningful participation by County-based small businesses in County procurement benefits the health, safety, and welfare of County residents. The County's small business programs ensure a more level playing field in the pursuit of County contracting opportunities and increases economic opportunity within Broward County's population.

The County Business Enterprise program established an annual cumulative goal of twenty five percent (25%) participation by certified CBE firms in all County contracts (not subject to other participation goals). Certification as a County Business Enterprise allows your business to participate in County contracts with CBE participation goals. The County encourages prime contractors to consider the use of CBE certified firms to perform work under the contract. This creates great potential for your business. Prime contractors are constantly looking for CBE certified firms for subcontracting opportunities to meet their CBE participation goals; there are also opportunities for CBE certified firms to gain significant advantage in attaining the CBE participation goals as prime contractors themselves.

The objective behind the County Business Enterprise program is simple: your success is the County's success. The growth and longevity of your firm is key to long-term economic sustainability and growth of Broward County as a whole.

In addition to the CBE certification, your business can be certified in the Small Business Enterprise (SBE) program. The Small Business Enterprise program affords Broward County certified SBE firms the opportunity to participate in the County's Sheltered Market program for County projects valued under \$250,000. Before completing your CBE application, be sure to review and check the "yes" box under Section VIII on the application form if you would like our office to review your application for Small Business Enterprise (SBE) certification.

We strive for the full participation of County Business Enterprise and Small Business Enterprise in the economic life of the community. We anticipate a mutually beneficial relationship with your business, and welcome your comments on how we can better serve the needs of your business. The County Commission and County agencies are making a concerted effort to add real value to your certification. We are in this together!

As you begin completing this certification application, if you have any questions or require technical assistance, please contact the Office of Economic and Small Business Development at (954) 357-6400.

We stand ready to meet your needs as a business owner.

Sincerely,

A handwritten signature in black ink, appearing to read "Norman E. Taylor".

Norman E. Taylor, Director  
Office of Economic and Small Business Development

**Broward County Board of County Commissioners**

Sue Gunzburger • Kristin D. Jacobs • Albert C. Jones • Ken Keechl • Ilene Lieberman • Stacy Ritter • John E. Rodstrom, Jr. • Diana Wasserman-Rubin • Lois Wexler  
[www.broward.org](http://www.broward.org)

**INSTRUCTIONS FOR COMPLETING THE COUNTY BUSINESS ENTERPRISE  
(CBE) CERTIFICATION APPLICATION**

**All questions must be answered and the requested documents submitted. The signatures of the owner(s) applying for certification must be notarized. Failure to follow these instructions may delay the processing of the application. Questions that do not apply to your firm should be marked “NA” in the space provided.**

**SECTION I - GENERAL APPLICANT INFORMATION**

- A. Write in the legal name of the business and any other names used by the business. The telephone number and business address should be for your main office. Be sure to include area codes for all phone and fax numbers. Tell us the web site for your firm. If your company has a federal Employer Identification Number (EIN), please provide the number. If not, please provide the social security number listed on the firm's tax return.
- B. Check the type of business structure of your company. Provide the date that the business was started or was purchased by the applicant owner(s) listed in Part A above.
- C. If you operate your business out of your home, please check YES. Indicate the number of full-time and part-time employees and enter the total.
- D. Check the appropriate box that indicates whether your firm is “for profit”. The CBE program requires all participating firms be for-profit enterprises.
- E. Provide the name(s) and address(es) of any branch offices, subsidiaries, and/or affiliates of the firm for which certification is being sought.
- F. Refer to the NAICS (North American Industry Standards) Code listing and provide the code(s) that best describes the service, product, or work of the firm. NAICS listings can be found on the internet at <http://www.naics.com/search.htm> or at your local library.
- G. Write a one word description of your firm's primary product, service, or work area. Then add three supporting descriptions which clarify and identify your specific product, service, or work area. This is how your firm will be described in the Certification Directories should you be granted certification. For instance: Wholesaler: Constructions Supplies- Plumbing Supplies -Electrical Supplies.
- H. List all firms for whom you are an authorized distributor or manufacturer's representative. List all suppliers.

**SECTION II – OWNERSHIP**

- A. List the personal net worth of all applicant(s) and their ownership percentage in the business.
- B. Indicate if the ownership interest of any of the owners has changed since the business was started or was purchased. If a change has occurred, tell us when (date) the change occurred.
- C. Provide the total cost for starting or purchasing the business. Include any contributions/investments of cash, equipment, real estate, or other consideration that were transferred to the business as a part of the capitalization process by each owner.
- D. List any additional capital contributions of cash, equipment, etc. made by anyone since the business was started or was purchased.

- E. Provide information regarding any stock that has been authorized and/or issued by the company.
- F. Indicate if there have been changes to the stock ownership in the past two years.
- G. Are the voting rights of any shareholder limited in any way? If so, provide information regarding the nature of the restriction and where that restriction is noted in writing.
- H. List the name and title of each person who is a member of the Board of Directors for the company. If the firm is a sole proprietorship or partnership and has no Board, please indicate with a N/A in the space provided.

**SECTION III - FINANCIAL INFORMATION**

- A. Provide the name(s) of the banks, credit unions, etc. where you have business accounts and identify the type of account(s) in each institution.
- B. List the gross earnings of the company for the most recent three years. This amount should match the gross earnings listed on the business tax return for the firm.
- C. Provide the name and contact number of your bonding agent and the firm's current bonding capacity (If applicable).
- D. List the three largest contracts or sales completed by the firm during the last three years. List each Customer's name and company or organization, the dollar amount of each contract or sales, and the date completed. If any are subcontracts - indicate the contract as such and provide the name of the firm to which you subcontracted. Provide: Customer Name; Company or Organization; Contract Amount and the date of the contract.

**SECTION IV - CONTROL**

- A. Responsibilities - List the name(s) and title of individual(s) responsible for the decisions listed.
- B. List the salaries or other compensation received by the owners and/or officers of the firm. Include anyone listed in Part A above.
- C. If anyone in authority in the business holds stock in another firm engaged in the same, or similar, business, respond YES to this question.

If anyone in authority in the business is a former owner, current owner or works for another firm engaged in the same, or similar, type of business as this firm, respond YES to this question.

If you answered YES to questions 1 and/or 2 above, please provide the name of the person(s), name of the other company, the ownership percentage owned by the individual(s), and/or the position held in the other company.

- D. Businesses are affiliates of each other when they share common ownership, common management, or any contractual relations. If the firm is an affiliate under that definition, provide information regarding the common ownership, management, and contractual relationships between the firms.
- E. Describe and explain any changes in the duties and/or powers attributable to any owner, principal, officer, or director of the firm during the past two years.

- F. Are management functions and/or payroll outsourced? If you answer yes, please provide an explanation.

**SECTION V - OTHER INFORMATION**

- A. List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees.

**SECTION VI - OTHER CERTIFICATIONS**

- A. If the business is currently certified as a Small Business Enterprise (SBE), Disadvantaged Business Enterprise (DBE) or held other certifications with another agency anywhere in the United States, please provide the name of the agency, the type of certification, and the date the certification will expire.
- B. If the certifying agency in Part A above conducted an on-site visit with you prior to granting your current certification, respond to this question.
- C. If the firm or any owner, Director, officer, or management personnel associated with the firm has ever applied for and been denied SBE, and/or DBE certification, please respond to this question.

**SECTION VII - BUSINESS ACTIVITY**

- A. Check off the type of business activity your firm performs: choices are: Construction, Architecture & Engineering, Business Contract Services, Commodities Supplier, Professional (including licensed) Services.

**SECTION VIII - SMALL BUSINESS ENTERPRISE CERTIFICATION**

- A. If you would like the opportunity to participate in the sheltered market program for projects under \$250,000, Please respond "YES" to this question.

**CERTIFICATION AFFIDAVIT (MUST BE COMPLETED BY ALL APPLICANTS)**

The affidavit must be notarized. False statements shall make your firm subject to decertification and/or being denied future certification. This form is required for all applicants.

**SUPPORTING DOCUMENT CHECKLIST**

All applicants MUST follow the checklist for documentation that is required with the application.

**Return the completed CBE application and supporting documents to:**

**Broward County Board of County Commissioners  
Small Business Development Division  
115 S. Andrews Avenue, A-640  
Fort Lauderdale, FL 33301  
Phone: (954) 357-6400  
TTY: (954) 357-6181**

**BROWARD COUNTY**  
**County Business Enterprise (CBE)**  
**CERTIFICATION APPLICATION**

Please read instructions carefully - Completed application must be signed, notarized, and mailed.

**SECTION I GENERAL APPLICANT INFORMATION**

A. Legal Name of Business \_\_\_\_\_

Other Names Used by Business (DBA) \_\_\_\_\_

Contact Person \_\_\_\_\_

Street Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if Different from Street Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Applicant's Social Security Number or Firm's Federal EIN \_\_\_\_\_

B. Type of Business      Corporation      Limited Liability Corp      Limited Liability Partnership  
                                 Partnership      Sole proprietorship      Tribal Enterprise  
                                 Joint Venture

Date business was started or acquired \_\_\_\_\_

C. Is this a home-based business?      Yes      No

Number of Employees:      Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Total \_\_\_\_\_

D. Is your firm "for profit"      Yes      No

If your firm is NOT for profit, then you do NOT qualify for this program and do NOT need to complete this application.

E. List all branch offices/subsidiaries/affiliates by name and address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. List all NAICS codes that apply to your firm (<http://www.naics.com/search.htm>)

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G. Please provide a brief description of the primary area(s) of work performed in the business. This is how your business will be listed and described in the certification directory.

\_\_\_\_\_  
\_\_\_\_\_

H. Please provide a list of firms/manufacturers that you represent or with which you have operating agreements.

\_\_\_\_\_  
\_\_\_\_\_

**SECTION II OWNERSHIP**

A. Personal net worth and percentage of business owned by each applicant(s).

*Note:* Personal net worth does not include the value of the business or the equity in the owner's primary residence.

Name	Personal Net Worth	% Ownership	Years as Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Has the ownership changed since the business was started or acquired?      Yes      No

If a change occurred, when did the change occur? \_\_\_\_\_

C. List all contributions/investments of cash, equipment, real estate, expertise, or other consideration used by each owner to acquire ownership interest in firm.

Name	Cash	Equipment	Real Estate	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. List any additional contributions made by anyone since the business started/was acquired.

Name of Contributor	Type of Contribution	Value of Contribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Has your firm authorized and/or issued shares of stock? (If yes, please answer the following questions)

(1) Number of shares authorized: \_\_\_\_\_  
Preferred Common Other

(2) Number of shares issued: \_\_\_\_\_  
Preferred Common Other

(3) Names of all persons who issued shares:

Name of Shareholder	Shares Owned	Class
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Has the ownership of the stock changed in the last two years? Yes No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Do restrictions exist within the by-laws, Articles of Incorporation, or other document(s) that limit the voting rights of any shareholder? Yes No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. List Board Members/Directors and their title(s)

Name of Board Members/Directors	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION III FINANCIAL INFORMATION**

A. List the names of the financial institution(s) where you have business accounts. Identify type of account: i.e. checking, line of credit, loan, savings, etc.

Name	Type of Account
_____	_____
_____	_____
_____	_____
_____	_____

B. Please list the firm's gross receipts for each of the last three years (or life of firm if less than 3 years).

Year	Gross Receipts
_____	_____
_____	_____
_____	_____

C. Please provide the name and contact number of your bonding agent and the firm's current bonding capacity (if applicable).

Name	Contact Number	Capacity
_____	_____	_____

D. List the three largest contracts or sales completed by the firm during the last three years. List each Customer's name and company or organization, the dollar amount of each contract or sales, and the date completed. If any are subcontracts - indicate the contract as such and provide the name of the firm to which you subcontracted.

(1) Contact Name \_\_\_\_\_

Name of Prime Contractor \_\_\_\_\_

Contract Amount \_\_\_\_\_

Date \_\_\_\_\_

Subcontract      Yes      No      Type of work performed \_\_\_\_\_

(2) Contact Name \_\_\_\_\_

Name of Prime Contractor \_\_\_\_\_

Contract Amount \_\_\_\_\_

Date \_\_\_\_\_

Subcontract      Yes      No      Type of work performed \_\_\_\_\_



(3) Contact Name \_\_\_\_\_

Name of Prime Contractor \_\_\_\_\_

Contract Amount \_\_\_\_\_

Date \_\_\_\_\_

Subcontract      Yes          No          Type of work performed \_\_\_\_\_

**SECTION IV CONTROL**

A. Responsibilities - List the name(s) of individual(s) responsible for the following decisions

Decision	Name of Person	Title
Financial		
Office Management		
Estimating/Bidding		
Marketing/Sales		
Hiring/Firing Mgmt. Personnel		
Purchasing – Major		
Negotiating Bonds/Loans		
Supervisor of Field Operations		
Signing of Payroll/Insurance		
Negotiating Contracts		
Signing for Payroll/Insurance		
Negotiating Contracts		
Signing Contracts		
Signing Checks		

B. Indicate the annual salaries of all officers, owners, and those individuals responsible for the day-to-day operations of the firm. Where no salary is drawn, please list the method of compensation.

Name	Title	Salary/Compensation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. (1) Does any owner/principal/board member/officer own stock in another firm engaged in a similar type of business? Yes      No
- (2) Is any owner/principal/board member/officer a current employee, owner, or former owner of any firm engaged in the same type of business? Yes      No
- (3) If you answered yes to either of the above questions please list the individual's name, name of the other company, ownership percentage, and/or position held with the other firm.

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- D. Is this business an affiliate of any other business? Yes      No  
*Businesses are affiliates of each other when they share common ownership, common management, or any contractual relations.*

If yes, please provide detail information in the following three areas:

Common Ownership \_\_\_\_\_

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Common Management \_\_\_\_\_

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Common Relationships \_\_\_\_\_

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- E. Describe and explain any changes in the duties and/or powers attributable to any owner, principal, officer, or director of the firm during the past two years.

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- F. Does your firm rely on any other firm for management functions or employee payroll? Yes      No

If yes, please provide an explanation \_\_\_\_\_

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## SECTION V OTHER INFORMATION

- A. List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees.

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**County Business Enterprise (CBE)**  
**SUPPORTING DOCUMENTS CHECKLIST**

To be sure you have submitted all requested information, place an "X" on the items you have submitted and completed. Any missing information will delay the processing of your application.

1. Completed application
2. Original Affidavit signed and notarized (Keep a copy for your records)
3. Corporate Federal Tax Return for previous three (3) years (Front Page ONLY)
4. Copy of all Broward County Business Tax Receipts (Previously called occupational licenses). Note: DO NOT include copy of the Business Tax Receipts from your City (For any question about Broward County Business Tax Receipts, contact 954-831-4000, <http://www.broward.org/revenue/rvi00500.htm>).
5. Copies of all State and/or County competency professional licenses (For any questions about required licensing, contacting Broward County Permitting, Licensing and Consumer Protection Division at 954-765-4400, <http://www.broward.org/permittingandlicensing>)
6. Up-to-date, detailed resumes of all owners. Resumes should reflect their experience and/or training in the type(s) of business being conducted by the corporation.
7. Sole Proprietorship Sole Proprietor Certificate which is your Registration of Business with the State (Fictitious Name)

OR

- 7a. Sole Proprietorship, Copies of your Individual Tax Return for the past three (3) filing years
8. Partnership or Joint Venture - Original and any amended Partnership or Joint Venture Agreements
9. Corporation or LLC Official Articles of Incorporation (stamped by the State)
- 9a. Corporation or LLC  
Official Articles of Incorporation (stamped by the State)  
Both sides of all corporate stock certificates and your firm's stock transfer ledger Official Certificate of Formation and Operating/Management Agreement with any amendments for LLCs
10. Copy of proof of Broward County Vendor Registration or current Vendor Number (example VC000000123). To register, visit <http://www.broward.org/purchasing/vendorregistration.htm>

**Note: As part of the Certification review process of your application, the Small Business Development Division may request additional supporting documents and perform site visits, as deemed necessary.**

**Mail (DO NOT FAX) this application and supporting document for certification to:**

**Broward County Board of County Commissioners  
Small Business Development Division  
115 S. Andrews Avenue, Suite A-640  
Fort Lauderdale, FL 33301  
Phone: (954) 357-6400  
TTY: (954) 357-6181**

**BROWARD COUNTY  
COUNTY BUSINESS ENTERPRISE PROGRAM (CBE)  
CERTIFICATION AFFIDAVIT**

I hereby swear that I have the authority to sign this affidavit as the County Business Enterprise owner of the Applicant Firm noted below. I further swear that the statements on the accompanying Certification Application form and all accompanying documents are true, complete, and correct and include all materials necessary to explain the ownership and operation of the Applicant Firm. I affirm that any changes that have occurred during the past twelve months in the ownership, control, structure, or operation of the Applicant Firm have been fully disclosed herein by attachment or notation.

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(Name of Applicant)

The above named Firm agrees:

1. To abide by the requirements of the County Business Enterprise (CBE) Program.
2. To notify Broward County within ten (10) working days of any change in the ownership, control, management, or status of the Firm.
3. That, in order to monitor the status of the Firm, Broward County has the right to review the Firm's books, contracts, facilities, and records. Broward County may request and review any additional information deemed necessary to complete such process.
4. That failure to answer any question or to supply any documentation requested during the application process may be cause to deny the certification request.
5. That Broward County, for cause, may decertify a firm's certification after applying its own approved procedures.
6. That Broward County may deny certification or rescind certification and initiate action under Federal or State laws concerning false statements. This may occur, if during or after the certification process, it is found that the undersigned have submitted false, inaccurate, or misleading information.
7. That Broward County has the right to refuse certification of any Firm, based on its implementation of the CBE eligibility standards, despite the fact that the Firm may be certified by another entity.
8. Any information contained in this application, or obtained during on-site reviews, may be released to other certifying agencies with which the Applicant Firm has applied for certification.
9. That Broward County has the right to contact any person(s) or business(es) named in the application, and the named Firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named Firm's eligibility.
11. That the undersigned will provide to Broward County, current, complete, and accurate information regarding actual work performed as a CBE on a contract. The applicant further agrees to supply documentation regarding payments for work performed, any proposed change to the arrangements on the contract, and to permit the audit and examination of books, records, and files of the named Firm. Any material misrepresentation will be grounds for terminating any contract that may be awarded and for initiating action under local, Federal, or State laws concerning false statements.

**In order to validate your application, please sign and notarize the statement on this page.**

By my signature, I recognize and accept the ten (10) preceding statements governing the consideration of this CBE application, and assert that the information provided in the foregoing regarding ownership and size of this firm is accurate.

Printed Name of Owner: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

NOTARY:

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the above named person did appear before me and being duly sworn, did execute the foregoing Affidavit and did state that he or she was properly authorized by: (Name of Firm) \_\_\_\_\_ to execute the Affidavit and did so of his/her own free act and deed.

Personally Known      Yes      No

Produced I.D.      Form of I.D. \_\_\_\_\_

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

Notary Signature: \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_