

MISSISSIPPI DEVELOPMENT AUTHORITY
MISSISSIPPI

Minority & Small Business Development Division

CERTIFICATION APPLICATION



Mississippi Minority Business Enterprise Act 57-69
Small Business ACT 15 USCS, Section 637 (a)
Federal SBA 13 CFR Part 121; 124

MAIL TO:

Mississippi Development Authority
Minority & Small Business Development Division
Post Office Box 849
Jackson, Mississippi 39205
Phone: (601) 359-3448 Fax: (601) 359-5290
www.mississippi.org

ROADMAP FOR APPLICANTS

1. Should I apply?

Your firm must meet the following requirements to qualify as a Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) under Mississippi's Minority Business Enterprise Act Section 57 Chapter 69. The Mississippi Development Authority (MDA) uses the following and supplemental regulations to the Mississippi Minority Business Enterprise Act.

- ⇒ **Small Business Act 15 USCS, Section 637(a).**
- ⇒ **Federal SBA Regulations 13 CFR Parts 121 and 124.**

- a) For the purpose of certification, MBE/WBE owners must have 75% residency in the State of Mississippi; and, for the purpose of financing through the Minority Business Enterprise Loan Program, MBE/WBE owners must have at least 50% residency in the State of Mississippi.
- b) For the purpose of certification, a firm must be at least 51% owned and controlled by socially and economically disadvantaged individuals; and, for the purpose of financing through the Minority Business Enterprise Loan Program, a firm must be at **least 60% owned and your net worth cannot be more than \$500,000** and controlled by socially and economically disadvantaged individuals.
- c) Firms and owners must meet the requirements of Small Business Act 15 USCS, Section 637 (a) and Federal SBA Regulations 13 CFR Parts 121 and 124.
- d) Firms must be a for profit business.

Note: All firms shall be subject to an on-site review.

2. What documents must I submit with this application?

Please review the following lists and submit the documents listed under the 'All Applicants' section and the documents listed under your firm's classification or status.

ALL APPLICANTS

- ___ Work experience resumes that include places of ownership/employment and corresponding dates
- ___ Personal Financial Statement (form enclosed)
- ___ Affidavit of Certification Statement (form enclosed)
- ___ Social & Economic Disadvantage Statement (form enclosed)
- ___ Entire copy of personal tax returns (federal & state) w/W-2's for the last 3 years
- ___ End of Year Balance Sheets and Income Statements for the past 3 years (or life of firm if less than 3 years or Schedule C's) (A new business must provide a current Balance Sheet.)
- ___ Copies of relevant licenses (city privilege tax, trade, state tax, etc.)
- ___ Bank Authorization and/or Signatory cards for Business account
- ___ Business Plan/Executive Summary and Business Projections

SOLE PROPRIETORSHIP

- ___ Assumed name, fictitious name or other registration certificate from appropriate government agency (verify with business card, letterhead, or etc., if available)

PARTNERSHIP OR JOINT VENTURE

- ___ Partnership or Joint Venture Agreement
- ___ Certificate from appropriate government agency, if applicable
- ___ Tax Returns for 3 years, if applicable

CORPORATION, LLC or PLLC

- ___ Articles of Incorporation (Must be an active corporation)
- ___ Corporate Tax returns for the last 3 years, if applicable
- ___ Operating Agreement
- ___ Recent Shareholders/ Board of Directors minutes (within the past year)
- ___ Corporate By-laws and Amendments

⇒ **NOTE: MDA's Minority & Small Business Development Division reserves the right to request additional documentation.**

⇒ **Where can I find more information?**

Visit www.mississippi.org or contact MDA Minority & Small Business Development Division at: (601) 359-3448.

Section 1: GENERAL INFORMATION

1. Contact Information.

Contact person:		Contact Email:	
Business Name:		Phone #:	
Cell #:	Fax #:	Web Site:	
Street Address:		City:	State: MS Zip:
Mailing Address:		City:	State: Zip:

2. Business Profile.

Primary Nature of Business:			
NAICS Codes:			
Federal Tax ID:		Applicant's Social Security Number:	
Firm Established on ___/___/_____		Firm owned since: ___/___/_____	
Did the business exist under a different type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Explain:			
<input type="checkbox"/> New Business or <input type="checkbox"/> Existing Business?			
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, explain:			
Is this business affiliated with other businesses <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide business names here:			
Type of firm (<i>Check all applicable.</i>):			
<input type="checkbox"/> Sole proprietorship (<i>Provide a copy of the assumed name certificate or see Road Map for Certification.</i>)			
<input type="checkbox"/> Partnership (<i>Provide copies of all partnership agreements and the assumed name certificate.</i>)			
<input type="checkbox"/> Corporation (<i>Provide Articles of Incorporation, copies of the stock certificates (both sides), Stock Transfer Ledger, Shareholders' Agreement, all minutes of the shareholders' meetings and Board of Directors' meetings, the Corporate Bylaws and Bylaw Amendments (if applicable), the Corporate Bank Resolution and Bank Signature Cards.</i>)			
<input type="checkbox"/> Limited Liability Partnership			
<input type="checkbox"/> Limited Liability Corporation			
<input type="checkbox"/> Joint Venture			
Is your business certified by any of the following other organizations?			
SBA 8(a) <input type="checkbox"/> Yes <input type="checkbox"/> No Expires on ___/___/_____			
DBE/MDOT/JMAA <input type="checkbox"/> Yes <input type="checkbox"/> No Expires on ___/___/_____			
WBENC <input type="checkbox"/> Yes <input type="checkbox"/> No Expires on ___/___/_____			
NMSDC <input type="checkbox"/> Yes <input type="checkbox"/> No Expires on ___/___/_____			
Number of employees: Permanent Full-time _____		Temporary Full-time _____	
Permanent Part-time _____		Temporary Part-time _____	
		Seasonal Full-time _____	
		Seasonal Part-time _____	
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, explain:			
Specify the gross receipts of the firm for the last 3 years: (<i>Attach copies of full tax returns for each year.</i>)		Year ending _____ Total receipts \$ _____	
		Year ending _____ Total receipts \$ _____	
		Year ending _____ Total receipts \$ _____	

Section 2: OWNERSHIP

3. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm and attach the documentation of the source of these investments. (Attach work experience resumes of each person. If more than two owners, attach a separate sheet.)

First Person

Name:		Title:		Home Phone #:	
Home Address (<i>street and number</i>):		City:		State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic group (<i>Attach proof of status.</i>): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Ethnic Group (<i>Explain.</i>) _____			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Percentage owned:					
Primary Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		Family relationship to primary owner:			
<input type="checkbox"/> Own or <input type="checkbox"/> Lease Primary Residence		If owned, do you have a mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mortgage Company Name:					
Address:		City:		State:	Zip:
<input type="checkbox"/> Company Officer or <input type="checkbox"/> Board of Directors Member				Date Appointed:	
Does the owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Name:			Function Performed:		
Business Name:			Function Performed:		

Second Person

Name:		Title:		Home Phone #:	
Home Address (<i>street and number</i>):		City:		State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic group (<i>Attach proof of status.</i>): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Ethnic Group (<i>Explain.</i>) _____			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Percentage owned:					
Primary Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		Family relationship to primary owner:			
<input type="checkbox"/> Own or <input type="checkbox"/> Lease Primary Residence		If owned, do you have a mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mortgage Company Name:					
Address:		City:		State:	Zip:
<input type="checkbox"/> Company Officer or <input type="checkbox"/> Board of Directors Member				Date Appointed:	
Does the owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Name:			Function Performed:		
Business Name:			Function Performed:		

Section 3: CONTROL

4. Identify Officers & Board of Directors. (Attach work experience resumes of each person. If additional space is required, attach a separate sheet.)

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
	4.			
	5.			
Board of Directors	1.			
	2.			
	3.			
	4.			
	5.			

5. Financial Information.

(a) Banking Information	
Name of Bank: _____	Phone #: (____) _____
Name of Officer: _____	City: _____ State: _____ Zip: _____
Address of Bank: _____	City: _____ State: _____ Zip: _____
(b) Bonding Information. If you have bonding capacity, identify:	
Name of Agent/Broker: _____	Phone #: (____) _____
Address of Agent/Broker: _____	City: _____ State: _____ Zip: _____
Bonding limit: Aggregate limit \$ _____	Project limit \$ _____
(c) Attach copies of year-end balance sheet and profit and loss (income) statements for the last 3 years, or if business has been in operation for less than one year, provide a current balance sheet, a projected profit and loss statement for the next 12 month period and a projected balance sheet for the end of that period.	

6. List current licenses (e.g., contractor, engineer, architect, ICC, etc.). (Attach copies of licenses.)

Name of Individual or Firm	Name of License	Expiration Date	License Number
1.			
2.			
3.			