



The CHAMBER

Accredited by The United States Chamber of Commerce

Jackson, Tennessee

Memorandum

TO: Minority and Women-Owned Businesses

FROM: Mandy White, Manager Research & Economic Development

SUBJECT: Chamber Minority Business Development Certification Program

Thank you for your interest shown in the The Chamber's Minority Business Development Program. Our objectives are to have a positive impact on the local economy while providing more opportunities for small minority and women-owned businesses.

This application for certification must be completed and approved before you are enrolled in our program. Once approved, you will be in our minority business development database.

While you do not have to be certified to do business with local companies, some do require this and certification can provide you with more opportunities to compete for business. Currently, Infinite Consulting manages this certification process. The process is free to you, the business-owner, thanks to the support of Jackson Energy Authority.

To participate in this program, please complete the application along with supporting documentation and submit to:

Tina Mercer
Infinite Consulting
P.O. Box 306
Jackson, TN 38302
PH: (731) 298-4002
Fax: (731) 660-5574
E-mail: infinitecg@hotmail.com

Attn: Chamber Certification

**AUTHORIZATION TO RELEASE
CERTIFICATION INFORMATION**

I hereby authorize Infinite Consulting to release upon written request appropriate information related to my application(s) for Certification in the West Tennessee region.

Signed: _____

Print name

Print Title

Print Company Name

The authorization extends only to (initial those you choose).

_____ Federal Agencies

_____ State Agencies

_____ Other Private Enterprises

This authorization will be kept in your file and will remain valid until you make a written request for changes.

**Application for Certification
As a Minority Business Enterprise or
Woman Business Enterprise.**

INSTRUCTIONS AND INFORMATION

Please read these instructions completely and thoroughly!!!

1. **All** questions must be answered. Questions that do not apply to your firm should be marked “N/A”.
2. Certification Affidavit must be signed by the principal owner(s) in the presence of a Notary Public.
3. All documents requested on Certification Checklist must be provided. Mark “N/A” for any items that do not pertain to your company.
4. *Read and retain for you records the segment explaining the federal 49 CFR guidelines of this program.*

Please note that failure to complete the application as instructed above will delay processing and may result in a denial of certification as a Woman or Minority Business Enterprise.

For Your Information

1. An on-site review will be required, as part of the certification process. Usually, this is determined by the location of the business. If your application is complete, this should occur within 30 **business days** of receipt of certification package.
2. Additional information may be required during processing period. Delays in submitting requested information will cause a delay in processing the application.
3. ***Changes in ownership, control, or operation should be reported within 30 days of the occurrence. Any changes in ownership or transfer of ownership (2) two years prior to submission of an application with the Chamber will not be acceptable and will be seriously scrutinized for timing and reasons for ownership change.***
4. Firms must be certified/recertified by Infinite Consulting, LLC in order to participate in the program administered by the Chamber.
5. Certifications are valid for three years or until question(s) arise concerning current certification, however yearly updates or no change affidavits will be expected every year. Certification Officers will advise of recertification date.
6. An applicant has the right to protest a Denial of certification/recertification by filing an Appeal with The Chamber’s Certification Appeal Board.
7. All certified firms will be listed in the Minority Business Directory of The Chamber.

**THE CHAMBER
MINORITY BUSINESS DEVELOPMENT PROGRAM**

CERTIFICATION APPLICATION/AFFIDAVIT

NAME OF COMPANY _____

ADDRESS _____

CONTACT PERSON _____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

FEDERAL ID # _____

TYPE OF ORGANIZATION: ___ Partnership ___ LLC
___ Corporation ___ Sole proprietorship

DATE _____

SIGNATURE _____

TITLE _____

DATE _____

1. The firm is requesting certification as a: (check appropriate box (es))

Minority

- Black American Hispanic American Native American
 Local Small Business Asian-Pacific American Native Alaskan
 Asian-Indian American Native Hawaiian Other

Female

Female

Handicapped

Handicapped (List Disability _____)

2. Date firm was established under present ownership and name: _____

List all previous names of firm and dates: _____

3. Indicate nature of firm's business. This should be the type of work the firm is actually performing or is willing and equipped to perform. Please list all goods and services that you can supply.

4. How many employees are currently on payroll? Full Time _____ Part time _____

5. Identify individual owners of the firm: (Attach extra page if necessary)

Name	Title	Race	Sex	Capital Investment Type Dollar Dollars \$ _____ Equipment \$ _____ Real Estate \$ _____
Address		Initial Ownership Date		
Home Telephone	U.S. Legal Citizen? Yes__ No__	Ownership Percentage		

Name	Title	Race	Sex	Capital Investment Type Dollar Dollars \$ _____ Equipment \$ _____ Real Estate \$ _____
Address		Initial Ownership Date		
Home Telephone	U.S. Legal Citizen? Yes__ No__	Ownership Percentage		

Name	Title	Race	Sex	Capital Investment Type Dollar Dollars \$ _____ Equipment \$ _____ Real Estate \$ _____
Address		Initial Ownership Date		
Home Telephone	U.S. Legal Citizen? Yes__ No__	Ownership Percentage		

6. Identify Current Board of Directors:

Name	Title	Race	Voting %

7. Identify Each Officer of the firm:

	Name	Also Employed By:
President		
Vice President		
Secretary		
Treasurer		

8. Identify the name, race, sex and title of those individuals (including owners and non-owners) who are responsible for day-to-day management and decision making, including, but not limited to, those with prime responsibility for the following:

Responsibility	Name	Race	Sex	Title
Financial Decisions (check signing, bonding insurance, bank loans)				
Bidding & Estimating (cost estimates, bid preparation, negotiation)				
Hiring and Firing (of management personnel)				
Purchasing (of major equipment and supplies)				
Sign Contracts				
Supervising (of field operations)				
Marketing and Sales				
Payroll/Administrative				

9. What are the gross receipts for the firm for the last fiscal year?

Yr. Ending _____ \$ _____

10. Specify the firm's Bonding Company and Limit: _____

11. If certified as a DBE, MBE, WBE, HBE in other states, please list states: _____

Are there any pending applications with other states? Yes ___ No ___ If yes, list states: _____

Does the firm hold the Small Business Administration 8 (a) certification? Yes ___ No ___

12. Has your firm ever been denied certification as a DBE, MBE, WBE or HBE? Yes ___ No ___

(If marked "Yes", please include copy of denial letter)

13. If any, what is the source of your Letters of Credit? _____

- 14. Is your firm a Distributor?** Yes ___ No ___
 (If marked "Yes", please answer the next questions):
 (A) Does your firm stock the items sold? Yes___ No___
 (B) Do you have a warehouse? Yes ___ No___
 (C) Does your firm... Wholesale___ Retail___ Broker___

- 15. Do any owners of the firm have ownership interest in any other business (es)?** Yes___ No___
 If marked "Yes", identify the business and owner's role: _____

- 16. Identify any owner or officer of the firm who is or has been an employee of another firm that has an ownership interest in, or a present business relationship with your organization.** (Present business relationships include shared office space, equipment, financing, or employees; as well as both firms having some of the same officers.)

- 17. Are there any written or oral agreements concerning the ownership, control, or operations of the firm between any persons associated with the firm?** Yes___ No___

- 18. This last part is optional and is not a requirement of this application.** Frequently, other agencies or states in which you are seeking certification request information from the Jackson Energy Authority. Also, we may need information from other agencies with which you are certified. To reduce the length of time in processing the request, you may sign the following authorization. Please note that this authorization will remain valid until changed by written request.

Release of Confidential Information

I hereby authorize Infinite Consulting to provide information with respect to my LSBDP application to other entities with whom I am also seeking certification as a DBE/MBE/WBE/HBE.

The scope of this release is expressly limited to requests by those entities with whom I am applying or have applied to be certified as a DBE/MBE/WBE/HBE.

I also authorize other entities with whom I have applied for DBE/MBE/WBE/HBE certification to release information and documentation regarding my DBE/MBE/WBE/HBE application on file with those agencies, to Infinite Consulting.

I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signed: _____ Date: _____

 (Print Name and Title)

 (Print Company Name)

- Abbreviations used in the Release of Confidential Information section:
 DBE – Disadvantaged Business Enterprise
 MBE– Minority Business Enterprise
 WBE– Woman Business Enterprise
 HBE– Handicapped Business Enterprise

THE CHAMBER

CERTIFICATION AFFIDAVIT

(Please read thoroughly and carefully all six statements)

The undersigned agrees to provide through the prime contractor, or If no prime contractor, directly to JEA: (1) current, complete, and accurate information regarding actual work performed on projects; (2) payment thereof; (3) proposed changes, if any, to the foregoing arrangements. Any material misrepresentation will be grounds for terminating any contract that may be awarded and for initiating action under federal or state laws concerning false statements.

The undersigned also agrees to the following conditions:

1. To abide by all rules and regulations of The Chamber governing the certification process hereinafter.
2. Not to seek judicial review until all of the administrative remedies of The Chamber have been exhausted.
3. To notify Infinite Consulting within thirty days of any change in ownership, control, management, address, or status.
4. That The Chamber may, at any time, withdraw the certification after applying its own procedures.
5. **That The Chamber may automatically deny or rescind certification, If during or after the certification process it finds that the undersigned has submitted false, inaccurate, or misleading information. This is a legally binding document!!**

The undersigned affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ (company name) as well as ownership thereof. We also certify that we have read and understand all six conditions stated above.

Signature _____ Signature _____

Date _____ Date _____

- *Must be signed by at least one officer if a Corporation; one general partner if a Partnership/LLC; the proprietor if a Sole Proprietorship*

NOTARY

Subscribed and sworn before me this _____ day of _____, 20__

Signed _____, Notary Public in and for the
County of _____ State _____
My Commission Expires _____

CERTIFICATION REQUEST CHECKLIST

Thank you for your interest in The Chamber's Minority Business Development Program. In addition to the enclosed packet, the following information is required:

- Resume or work history of all owners of the company
- Proof or verification of start-up investment capital by owner(s) (example: front and back of cancelled checks, bill of sale, bank statements, etc.)
- List of company-owned equipment and its estimated value. If in trucking, provide copies of truck titles/registrations and /or lease agreements for non-owner/operated trucks
- Office and equipment lease agreements
- Proof of U.S. Citizenship or permanent resident alien status, Ethnic status, and Sex (if applying as a female owned business). Examples: birth certificates, passports, resident alien cards social security cards and Native American Tribal documents.
- Current (year-to-date) financial statement on the business.
- Copies of the three largest most recent contracts/invoices.*
- Copy of current Home State Certification if out-of-state company
- Copy of Small Business Administration 8a affidavit (if applicable)
- If incorporated, submit Article of Incorporation, By-Laws, copy of first and latest Board of Director's Meeting, copy of stock certificates, copy of stock agreements. copy of stock transfer ledger, and Buy-out rights
- If partnership or limited liability corporations, submit copy of Partnership Agreements
- Do you or any of the firm's other employees either work for or have ownership interest in any other firm? If yes, attach written explanation(s).
- Copy of bank resolution for company's checking and /or savings account (your bank will provide this)
- Completed certification package
- Completed and notarized Certificate Affidavit

Please checkmark all items enclosed; mark "N/A" for items which did not apply to your company. If you have any questions, please contact this office at (731) 424- 7500.