



City of Omaha  
Jim Suttle, Mayor

Human Rights and Relations Department  
Omaha/Douglas Civic Center  
1819 Farnam Street, Suite 502  
Omaha, Nebraska 68183-0502  
Phone No. (402) 444-5055  
Fax (402) 444- 5058

**CERTIFICATION FOR  
"TIER I" EMERGING SMALL BUSINESS (ESB) OR SMALL BUSINESS (SB)**

To be certified as a "TIER I" Emerging Small Business (ESB) or Small Business (SB) please complete the enclosed application and return to:

City of Omaha  
Human Rights and Relations Department, Rm 502  
Omaha/Douglas Civic Center  
1819 Farnam Street  
Omaha, NE 68183

If you have any questions regarding the "TIER I" Emerging Small Business (ESB) or Small Business (SB) application, please contact the Human Rights and Relations Department at 402-444-5055. The Human Rights and Relations department reserves the right to request additional information or documentation deemed necessary to establish ownership, operation, control, management and qualifications.

The "TIER I" Emerging Small Business (ESB) or Small Business (SB) certification shall be in effect for 3 years from the date the Human Rights and Relations Department approves this Certification.

**DEFINITIONS:**

The term "North American Industry Classification System (NAICS)" is the standard established by the United States Office of Management and Budget used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.

The term "small business," wherever used in this division, shall mean a business entity that:

- (1) Is not an affiliate or subsidiary of a business in its field of operation; and
- (2) Is not: a manufacturer's representative; a franchise, unless operating as an independent entrepreneur utilizing a franchise name only; a business where the owner is an owner or part owner of another similar business; or, a non-stocking retailer or wholesaler; or
- (3) Is a construction contractor, including a building constructor or heavy and civil engineering contractor as described in subsections 236 and 237 of the NAICS standard whose average annual gross receipts from the past three years does not exceed the size standard (in million dollars) and/or the size standard in number of employees (25 percent of NAICS code) for those subsections of the NAICS as published in the current U.S. Small Business Administration Table of Small Business Size Standards matched to North American Industry Classification System Codes; or
- (4) Is a specialty trade contractor as described in subsection 238 of the NAICS standard whose average annual gross receipts from the past three years does not exceed the size standard (in million dollars)

and/or the size standard in number of employees (25 percent of NAICS code) for those subsections of the NAICS as published in the current U.S. Small Business Administration Table of Small Business Size Standards matched to North American Industry Classification System Codes; or

- (5) Is an "other contractor" whose average annual gross receipts from the past three years does not exceed the size standard (in million dollars) and/or the size standard in number of employees (25 percent of NAIS code) as published in the current U.S. Small Business Administration Table of Small Business Size Standards matched to North American Industry Classification System Codes; and
- (6) The net worth of individual owners may not exceed the sum of \$750,000.00 after excluding the individual's equity in the business seeking certification and the individual's equity in his or her primary residence. As used in this subsection the word "owner" includes any person holding any percentage ownership in the business; and
- (7) Individual owners may not hold more than 20 percent ownership in any other single business, unless the other business(es) is certified by the City of Omaha as a small business or an emerging small business. As used in this subsection the word "owner" includes any person holding any percentage ownership in the business.

The term "emerging small business" or "ESB," wherever used in this division shall mean a business entity whose size is no greater than 10 percent of the numerical size standard applicable to the North American Industry Classification System (NAICS) code assigned to a contracting opportunity.

"Tier I" ESB or SB is any emerging small business or small business concern that is certified as such by the City of Omaha and,

- (1) has invested in a primary headquarters office or has a physical working office location within a census tract or contiguous area within Douglas County, Nebraska, in which the most recent U.S. decennial census shows that 30 percent or more of the persons in that census tract are below the poverty level; and
- (2) can show that 30 percent or more of its employees reside in a census tract or contiguous area within Douglas County, Nebraska, in which the most recent U.S. decennial census shows that 30 percent or more of the persons in that census tract are below the poverty level.

**Section I General Information (this section will be shared with the Public Works Department):**

Is your business a Small Business (SB) per the definition outlined on pages 1 and 2? YES \_\_\_\_\_ NO \_\_\_\_\_

Is your business an Emerging Small Business (ESB) per the definition outlined on page 2? YES \_\_\_\_\_ NO \_\_\_\_\_

Is your business a Tier I per the definition outlined on page 2? YES \_\_\_\_\_ NO \_\_\_\_\_

\* A Tier I Certification – Poverty Area input box is available on the Human Rights and Relations Department website ([www.cityofomaha.org/humanrights/contract-compliance](http://www.cityofomaha.org/humanrights/contract-compliance)) to assist your firm in verifying if it meets requirements 1 and 2 under the Tier I definition.

Type of Organization:

- Individual (Sole Proprietorship)
- Partnership
- Corporation
- Joint Venture
- Association or Cooperative
- Other \_\_\_\_\_

Type of Business:

- Wholesale Distributing
- Manufacturing or Production
- Retail Dealer
- Service Organization
- Contractor Type \_\_\_\_\_
- Other \_\_\_\_\_

Provide a brief description of your firm’s primary product, service, or work area. This is how your firm will be described in the certification directory should you be granted certification.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Business Start Date: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

Company Identification Number: \_\_\_\_\_

(9 digit IRS 941 Form Employer Number)

Mailing Address: \_\_\_\_\_ P.O. Box No. \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Company Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

If license or permit requires you to provide product or service, list below and include a copy (e.g., contractor’s license, engineer/architect license, etc.)

Name of qualifying individual	Type of license/permit	License/permit no.	Expires

List all U.S. Small Business Administration (SBA) North American Industry Classification System Codes (NAICS) that apply to your firm (a link to the NAICS Codes is available on the Human Rights and Relations website [www.cityofomaha.org/humanrights/contract-compliance](http://www.cityofomaha.org/humanrights/contract-compliance)). Under "Business capability," clearly identify the products or services in which the qualifying individual has expertise and control. Enter your **primary** line of work on the first line.

NAICS Code No.	NAICS Description	Business Capability

Have you completed the Douglas County Purchasing Department Vendor Application?  Yes  No

If no, please complete the Douglas County Purchasing Department Vendor Application and submit to the Douglas County Purchasing Department. The Vendor Application is available on the Douglas County Purchasing Department website (a link is available on the Human Rights and Relations website [www.cityofomaha.org/humanrights/contract-compliance](http://www.cityofomaha.org/humanrights/contract-compliance)).

Please list the Douglas County Purchasing Department Products & Service Classification number(s) that describe the service(s) or product(s) your business provides. The Product & Service Classifications are also located on the Douglas County Purchasing Department website.

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**Bonding:**

Have you ever been bonded? \_\_\_\_\_

Are you currently bonded? \_\_\_\_\_

What is your current bond line? Single - \_\_\_\_\_ Aggregate - \_\_\_\_\_

Name of current bonding company? \_\_\_\_\_

What is your current bank line of Credit? \_\_\_\_\_ Secured or Unsecured \_\_\_\_\_

**Employees:**

Number of current employees: \_\_\_\_\_

Peak number of employees: \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_

Number of part-time employees: \_\_\_\_\_

**Distributor:**

Is your firm a distributor?  Yes  No

If a distributor: Does your business stock the items sold?  Yes  No

If a distributor: Do you have a warehouse?  Yes  No

If a distributor: Is your business?

Wholesale  Retail  Broker  Other \_\_\_\_\_

Average dollar value of inventory \$ \_\_\_\_\_

**Equipment:**

What equipment does your firm own?

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Does your firm lease any equipment? If yes, from whom.

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Where is equipment stored?

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**Contracts:**

List the firm's last four contracts including the largest contract within the last 3 years. Please include name, value and description of contract work.

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**The following information is for statistical purposes only and will not affect your application.**

Owner is:  Male  Female

Owner is:  White  Black/African American  Hispanic or Latino  American Indian or Alaska Native

Asian  Native Hawaiian or Other Pacific Islander  Two or more races

**Section II Certification Information (this section will be kept confidential in the Human Rights and Relations Department and will not be shared with any other department):**

List names of all principal owners.

<u>Name</u>	<u>Title</u>	<u>Ethnic Origin/Race *</u>	<u>Gender *</u>	<u>% Ownership</u>	<u>Date Acquired</u>

*\* This information is for statistical purposes only and will not affect your application.*

If a corporation, list all current members of the Board of Directors and current officers.

<u>Name</u>	<u>Title</u>	<u>Ethnic Origin/Race *</u>	<u>Gender *</u>	<u>% Ownership</u>	<u>Date Acquired</u>

*\* This information is for statistical purposes only and will not affect your application.*

Small Business (SB) Certification: Do any of the firm's owner(s) hold more than 20 percent ownership in any other single business?  YES  NO

If yes, the other business(es) must also complete the City of Omaha certification process.

What is the firm's gross annual sales revenue from the past three (3) years?

If applying for **Recertification** have there been any significant changes in the gross annual sales revenue since initial certification? If yes, report any changes below:

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Who are the individuals responsible for the following?	Name	% of Time
a.) Financial Decisions:	_____	_____
b.) Office Work:	_____	_____
c.) Management:	_____	_____
1. Solicitations (decisions to bid):	_____	_____
2. Estimating:	_____	_____
3. Marketing/Sales:	_____	_____
4. Hiring & firing of personnel:	_____	_____
6. Purchasing of major items or supplies	_____	_____
d.) Negotiating for surety bonds, loans:	_____	_____
e.) Supervision of field operations:	_____	_____
f.) Signing of insurance and payrolls:	_____	_____
g.) Contracts & negotiations:	_____	_____

**Facilities:**

If you have more than one location please list all locations below.

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Are facilities owned or leased? How long? From whom?

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If facilities are shared, state with whom and the relationship to applicant.

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Whose name are utilities in?

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The following items are to be submitted with this application. All documents requested must be submitted with the application before the application can be approved. If unable to submit documents, please indicate the reason in writing.

- A. Copy of the company's last three years Federal Income Tax Returns, including all schedules.
- B. Copy of the last three years Personal Income Tax Returns (1040) for all current owners of the company.
- C. Copy of the past three years W-2 tax forms issued by the company to the owners of the company.
- D. Three most recent bank statements i.e., checking, savings, investments cd's, trust (Small Business applicants only)
- E. Copy of Driver's License, State ID or Passport for all owners.
- F. Proof of citizenship or permanent resident alien status for all owners.
- G. If license or permit requires you to provide product or service, include a copy of each.
- H. List of equipment and inventory owned by the firm with the approximate value of all.
- I. Copy of any leases for equipment or office furniture.
- J. Copy of building/office lease/rental agreement for business site (if applicable).
- K. Copy of receipt for lease/rental payment for business site (latest month only).
- L. Copy of articles of incorporation, corporation bylaws, and any amendments (if applicable).
- M. Copy of stock (unit) certificates
- N. Copy of Bank Signature Card(s).
- O. Last four contracts, purchase orders, or relevant invoices including largest contract within the last three years.
- P. Copy of current insurance and/or bonding certificate.
- Q. Copy of Nebraska Department of Labor contractor/subcontractor registration.
- R. Copy of employment agreements.
- S. Provide list of current employees including names, addresses, and phone numbers.

**\* Additional information may be requested.**

## PERSONAL FINANCIAL STATEMENT

Fill out only if you are applying for the Small Business Certification. If you are applying for the Emerging Small Business Certification you do not have to fill this out.

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

Complete this form for each owner of the firm.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant

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

<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 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	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.)

	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 the City of Omaha Certification Program 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 obtaining certification. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the City of Omaha.

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

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Seal: \_\_\_\_\_

**CERTIFICATION**

The undersigned does hereby certify and acknowledge that the foregoing answers are true, accurate and complete.

The undersigned understands that the City of Omaha intends to rely on the representations made herein and that same will be a factor considered in the award of certain City contracts. Therefore, the undersigned agrees to indemnify and hold harmless the City of Omaha for any damages it may sustain, of whatsoever kind or nature, as a result of any misrepresentation contained or made herein. Further, the undersigned agrees that any contract that same may have with the City which may have been awarded based upon the representations made herein, may immediately be terminated, at the City's sole option, and the City shall assume no further obligation or duty there under notwithstanding any contractual provisions to the contrary if said representations are false or misleading. The undersigned does hereby further certify that he/she has the authority to execute this form and bind the company and him/herself.

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed to and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Notary Seal

My Commission Expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Human Rights and Relations Director

\_\_\_\_\_  
Date