



Universal Certification Application

Prince George's County - Office of Central Services
Supplier Development & Diversity Division (SDDD)



Thank you for your interest in certification with Prince George's County
If you are a Prince George's County-based Small business and you possess an MBE/DBE/SBE certification from one of the SDDD approved certifying agencies, please select the appropriate "Dual Certification" type below and proceed to the "Certified County-Based Small Business Verification Form" on page 8. Please complete the form and submit it with, 1. Company's current MBE/DBE letter or certificate; 2. Most recent Federal Tax Return or IRS extension letter; and 3. Good Standing letter from the MD Department of Assessments & Taxation to SDDD@co.pg.md.us.

If the above does not apply, please follow the instructions below to complete the application process.

- Provide hard copies of the required documents on the checklist sheet in the same order as listed on the checklist (See page 9)
- Review and complete all fields in the following application then sign and notarize where requested
- Carefully review your application prior to submitting to SDDD
- Return completed application packet via USPS, FEDEX, UPS or hand delivered to:

Supplier Development & Diversity Division
Attn: Business Analyst
1400 McCormick Drive, Suite 281
Largo, MD 20774

Feel free to contact the SDDD for assistance/questions: (301) 883-6480 or SDDD@co.pg.md.us

Signup to receive information on procurement opportunities & other special announcements:
https://public.govdelivery.com/accounts/MDPGC/subscriber/new?topic_id=MDPGC_157
SDDD – News For You & The Pulse

Select Your Type of Entity: (Check one)

County Based

- Prince George's County-Based Small Business (CBSB) Initial Certification
- Prince George's County-Based Small Business (CBSB) Recertification
- Prince George's County-Based Business (CBB) Initial Certification
- Prince George's County-Based Business (CBB) Recertification
- Dual Certification (CBSB/MBE) Initial Certification
- Dual Certification (CBSB/MBE) Recertification
- Dual Certification (CBB/MBE) Initial Certification
- Dual Certification (CBB/MBE) Recertification

Minority Business Enterprise or Disadvantaged Business Enterprise (Non-County-based)

- Minority Business Enterprise (MBE/DBE) Initial Certification
- Minority Business Enterprise (MBE/DBE) Recertification

Other Certifications

- Certified Non-Profit
- Sheltered Workshop

All documents must be received, including this cover page, before your application can be processed

Please allow up to 90 days for processing

1. General Information:

Company Name: _____

Doing Business As: _____

Headquarters Address (City, ST, Zip Code): _____

Prince George's County Address (If different from HQ): _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Prince George's County Council District (If Applicable): _____

2. Business Type (select one)

_____ Non-Profit _____ Corporation _____ Partnership _____ Sole Proprietorship _____ LLC

Business Start Date: _____ State of Incorporation: _____ TIN/EIN#: _____

3. Trade/Services Provided by Business (Include Capability Statement with Application):

4. Number of Employees:

_____ Full-time _____ Part-time _____ Total

Number of Employees Residing in Prince George's County

_____ Full-time _____ Part-time _____ Total

5. Gross Revenue for Last Three Years

\$ _____	20	_____
\$ _____	20	_____
\$ _____	20	_____

6. List all Equipment (Facilities, Vehicles, and Office Equipment etc.)

Type of Equipment	Leased	Owned	Location

7. Company Ownership

Name of Owners (Include Partners/Stockholders/Members)	*Ethnicity	Gender	# of Shares	Percentage of Ownership	Class of Stock Common/Preferred

*African American Female = C; African American Male = B; Aleut = U; Asian Female = E; Asian Male = A; Caucasian Female = F; Caucasian Male = D; Eskimos = K; Female & Service Disabled Veterans = G; Hispanic Female = S; Hispanic Male = H; Male & Service Disabled Veterans = V; Native American Female = I Native American Male = N

8. Officers & Work Location:

Title	Name	Office Location	Date Appointed	PG County Resident (Y/N)	Board Member (Y/N)
CEO					
President					
Vice President					
Secretary					
Treasurer					
Other					

9. Last Date Owners / Stock Percentages Changed (If applicable): _____

Reason: _____

10. Does any person listed as an officer responsible for major decisions work for another business and/or is associated with other organizations having a business relationship with the firm applying for certification? _____ (Yes/No)

If yes, please provide: Name, Title, Business Name, Address, Description of Business, Business Relationship

11. Provide the names of three (3) major contract referrals over the last three (3) years (Please use space provided on page 10)

Indicate if the organization or another organization with the same owners/officers/board of directors has previously been denied MBE/DBE certification. Describe the circumstances, name of the organization, and date of denial.

12. MBE/DBE Certification Type: (Complete information for all that apply to the business named in this application)

Certifying Agency	Certification Number	Expiration Date
CRMSDC		
MDOT		
NMSDC		
WMATA		
WPEO		
USPAACC		
VA		

13. Company License (Construction, Electrical, Engineer, ICC, Detective, etc.)

License Type	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Have you ever been disbarred or terminated from a contract with any jurisdiction in the State of Maryland? If yes, please explain.

15. List the North American Industry Classification System (NAICS) codes and the National Institute of Government Purchasing (NIGP) codes associated with the business.

NAICS	NIGP

16. Provide the following information (If applicable).

Bonding Company _____

Bonding Limit \$_____

Address _____

Phone _____

Contact Person _____

Insurance Company _____

Liability Limit \$_____

Address _____

Phone _____

Contact Person _____

AFFIDAVIT of CERTIFICATION (Required)

A material or false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to all civil and criminal penalties available pursuant to applicable federal and state law.

I, _____ (**Print full name**), swear or affirm under penalty of law that I am _____ (**Title**) of applicant firm _____ (**Firm Name**) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof. I recognize the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for verifying the information supplied and determining the named firm's eligibility. I agree to submit to a government audit, examination and review of books, records, documents, and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principles, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification. If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project (2) payments and (3) proposed changes, if any, to the foregoing arrangements. I agree to provide written notice to the Supplier Development and Diversity Division (SDDD), Attn: Business Analyst; regarding any material change in the information contained in the original application within 30 calendar days of such change (e.g. ownership, address, phone number, etc.) I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s):

_____ African American; _____ Aleut; _____ Asian Pacific Americans (Asian American and Pacific Islander American); _____ Caucasian; _____ Eskimo; _____ Hispanic American; _____ Native American; _____ Service Disabled Veteran; _____ Subcontinent Asian American (Origins in Far East, Southeast Asia or Indian Subcontinent) _____ Other (please specify)

I declare under penalty of perjury that the information provided in this application and supporting documents are true and correct.

Executed on _____ (Date)

Print Name _____ (Person authorized to bind company)

Signature _____ (Person authorized to bind company)

Notary Certificate

City/County of _____

In the State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20_____

By _____ (Person authorized to bind company)

Who is properly authorized by _____ (Name of firm) to execute this affidavit.

Notary Signature _____ Notary Registration # _____

My Commission expires _____

READ CAREFULLY; COMPLETE THE FORM THAT APPLIES

County-based Small Business Affidavit OR Small Business Verification Form

- 1. Complete the County-based Small Business Affidavit if your business is a County-based business that meets the definition of “small business” pursuant to Section 21.01.02.01(80) of the Code of Maryland Regulations; or the business meets the federal definition of “small business concern” in Part 121 of Title 13 of the Code of Federal Regulations. The company must have been in business in Prince George’s County for at least one (1) year from the date of submission, OR;**
- 2. Complete the Small Business Verification Form if you possess a current MBE/DBE letter and/or certificate AND your business meets the definition of “small business” pursuant to Section 21.01.02.01(80) of the Code of Maryland Regulations; or the business meets the federal definition of “small business concern” in Part 121 of Title 13 of the Code of Federal Regulations. The company must have been in business in Prince George’s County for at least one (1) year from the date of submission**

County-based Small Business Affidavit

To be eligible to receive the maximum 15%-point Certified County Based Small Business (CCBSB) bid/proposal preference for procurement opportunities under Prince George’s County’s Jobs First Act, a business must meet the following requirements as set forth by the Code of Maryland Regulation (COMAR) and the Small Business Administration for your respective industry classification. To maintain its certification as a Certified County Based Small Business, a business shall re-apply for certification every year, not later than on the anniversary date of the initial certification. Upon request of the Purchasing Agent (or their designee), a business seeking certification or re-certification as a Prince George’s Certified County Based Small Business, shall execute and submit the following Certified County Based Small Business Affidavit. The Purchasing Agent, may, in its sole discretion, request any other information in support of the certification request. (This only applies if the CBSB does **not** possess a current MBE/DBE/SBE letter or certificate.)

I, _____ (Person authorized to bind company) affirm to the Prince George’s County Purchasing Agent that I am the _____ (Title, Office, or Capacity) of _____ (Company Name) hereinafter referred to as the “Business.”

The Business is: (Check all that apply)

- For-Profit Enterprise
- Non-Profit Entity
- Not a broker, as defined in COMAR 21.01.02.01B (13-1)
- Independently owned and operated
- Not a subsidiary of another business
- Not dominant in its field of operation

COMAR Employment Requirement-Time of employment is for the past 3 fiscal years for all areas. Select One

- Wholesale Operations: Business did not employ more than 50 persons
- Retail Operations: Business did not employ more than 25 persons
- Manufacturing Operations: Business did not employ more than 100 persons
- Service Operations: Business did not employ more than 100 persons
- Construction Operations: Business did not employ more than 50 persons
- Architect & Engineering Operations: Business did not employ more than 100 persons

COMAR Gross Sales Requirement-Gross sales are averaged over the past 3 fiscal years for all areas. Select One

- Wholesale Operations: Gross sales did not exceed \$4,000,000
- Retail Operations: Gross sales did not exceed \$3,000,000
- Manufacturing Operations: Gross sales did not exceed 2,000,000
- Service Operations: Gross sales did not exceed \$10,000,000
- Construction Operations: Gross sales did not exceed \$7,000,000
- Architect & Engineering Operations: Gross sales did not exceed \$4,500,000

NOTE: If a business has **not** existed for 3 years, the employment and gross sales shall be averaged for each year or part of year during which the business has been in existence. Businesses that are certified with the SDDD will be listed on the SDDD database, which is published weekly on the OCS website.

County-based Small Business Affidavit (Continued)

My signature confirms that I have read and understand the requirements to be considered as a County-based Small MBE business in Prince George's County. I further understand that the Purchasing Agent/Designee may request additional information to ascertain my eligibility.

Print Name

Title

Signature

Date

Notary Certificate

City/County of _____

In the State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20_____

By _____ (Person authorized to bind company)

Who is properly authorized by _____ (Name of firm) to execute this affidavit.

Notary Signature _____ Notary Registration # _____

My Commission expires _____

Certified County-based Small Business Verification

(Applies to County-based Businesses that currently possess a Minority Business Enterprise (MBE) or Disadvantaged Business Enterprise (DBE) Certificate)

If you are a Prince George's County-based Small business with an MBE/DBE/SBE certification from one of the SDDD approved certifying agencies and you would like to qualify for certification as a Prince George's County-based small business (to be eligible to receive the maximum (15%) preference points towards Prince George's County procurement opportunities), please complete the information below and submit it along with, 1. Company's current MBE/DBE letter or certificate; 2. Most recent Federal Tax Return or IRS extension letter; and 3. Good Standing letter from the MD Department of Assessments & Taxation to SDDD@co.pg.md.us.

Providing the following information is required:

Company Name: _____

Company Contact Person: _____ Title: _____

Physical Headquarters Address:
Street: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email/Website: _____

Number of Employees: _____ Number of County Residents Employed: _____

Gross Receipts/Revenue for the last three years: 20__ \$ _____ 20__ \$ _____ 20__ \$ _____

Primary NAICS Code(s): _____ _____ _____
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Federal Tax ID# _____ Business Start Date: _____

Description of Business (Feel free to use an additional sheet; include business' name on all pages)

Check here if you do not wish to have your company's contact information listed in the SDDD directory

To be considered a small business, you must meet the definition of "small business" pursuant to Section 21.01.02.01(80) of the Code of Maryland Regulations; or the business meets the federal definition of "small business concern" in Part 121 of Title 13 of the Code of Federal Regulations. The company must have been in business in Prince George's County for at least one (1) year from the date of submission.

My signature confirms that I have read and understand the requirements to be considered as a County-based small business in Prince George's County. I further understand that the Purchasing Agent/Designee may request additional information to ascertain my company's eligibility.

Print Name

Title

Signature

Date

SDDD Supplier Directory: <http://www.princegeorgescountymd.gov/1315/Supplier-Directories>

Required Documents Checklist

Yes	No	NA	INITIAL CERTIFICATION CHECKLIST – County-based & County-based Small Business
			Complete application (including notarized affidavit)
			Copy of current certification document from one of the following organizations: MDOT; WMATA; VA; CRM SDC; NM SDC; WPEO; USPAACC (If applicable)
			Copy of suppliers most recent Federal Income Tax Return OR IRS Extension Letter Form 990 for Non-Profits
			Filed a State of MD tax return evidencing that the business has operated within the County within the preceding twelve (12) months (Check Yes or No)
			Copies of year-end business financial statements for the past 12 months
			Proof of Good Standing from the Maryland Department of Assessments & Taxation www.dat.state.md.us
			Bonding form
			Full contact list of at least 3 professional/business references
			Full contact list of at least 3 past performances, performed in Prince Georges County, within the last 3 years
			Official Articles of Incorporation or other organizational documents (i.e. licenses/permits)
			Lease/rental agreement or proof of real estate ownership (i.e. title or deed)
			Resume of all company executives; Work location; Indicate if executive is a Prince George's County resident and percentage of ownership
			Organizational chart
			List of owners and percentage of ownership
			List of company assets; Indicate where assets are located
			State I.D. or valid Driver's License AND proof of U.S. citizenship - Birth Certificate or Passport
			Original and any amended Partnership or Joint Venture Agreements for Partnerships or Joint Venture
			Number of total employees and number of employees who are Prince George's County residents
Yes	No	NA	RE-CERTIFICATION CHECKLIST – County-based & County-based Small Business
			Complete application (including notarized affidavit)
			Copy of current certification document from one of the following organizations: MDOT; WMATA; VA; CRM SDC; NM SDC; WPEO; USPAACC
			Current financial statement (income statement/balance sheet) & a copy of suppliers most recent Federal Income Tax Return.
Yes	No	NA	INITIAL & RE-CERTIFICATION CHECKLIST – MBE & DBE
			Complete application (including notarized affidavit)
			Copy of current certification document from one of the following organizations: MDOT; WMATA; VA; CRM SDC; NM SDC; WPEO; USPAACC
			Current financial statement (income statement/balance sheet) & a copy of suppliers most recent Federal Income Tax Return.

- All vendors are required to complete the *Vendor Online Registration* at <http://www.princegeorgescountymd.gov/2210/Doing-Business-with-Prince-Georges-County> prior to submission of your application
- Please make a copy of the completed application packet for your records; The SDDD cannot make a copy for you
- The SDDD will return illegible applications
- Applications are processed within 90 days of receiving a completed application packet

Thank you for taking the time to complete the application!

Please use this space to list three (3) major contract referrals over the last three (3) years

Contact Person:
City/State/Zip Code:
Telephone #:
Email Address:
Affiliation:

Contact Person:
City/State/Zip Code:
Telephone #:
Email Address:
Affiliation:

Contact Person:
City/State/Zip Code:
Telephone #:
Email Address:
Affiliation:

Use this space for additional information (Please include the company name on each page if additional pages are added)
