



Disadvantaged Business Enterprise (DBE) Program

The Office of Equal Opportunity Contract Compliance, also known as the Small and Minority Business Enterprise Office (SMBEO), actively seeks Disadvantaged Business Enterprise (DBE) firms to take part in the City of Wilmington's competitive bidding process. Not only does this provide more opportunities to more businesses, it ensures that we get the best services for the best value. Building mutually beneficial, productive partnerships between the City of Wilmington and the DBE business community is our ultimate goal. Thank you for your interest and participation.

Brought to you by the:

CITY OF WILMINGTON MAYOR'S OFFICE OF ECONOMIC DEVELOPMENT
Small & Minority Business Enterprise Office

800 North French Street—3rd Floor • Wilmington, DE 19801 • 302-576-2121 • smbeo@wilmingtonde.gov



CITY OF WILMINGTON
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
Certification Application Instructions

*This DBE Certification Application is for the City of Wilmington's DBE program only.
Wilmington's program is separate and distinct from Federal, State, and other local program certifications.
Please review the **Program Overview & Eligibility Guidelines** before completing this application.*

START BY DETERMINING YOUR APPLICATION TYPE:

- If you are renewing your certification as a minority-owned firm, submit documents listed in PART A ONLY.
- If you are applying as a minority-owned firm for the first time, submit the items listed in PARTS A & B.
- If you are applying as a net worth firm for the first time or renewal, submit the items listed in PARTS A, B, & C.

PART A:

- Notarized **Certification Application Form**

*****STOP HERE IF THIS IS A MINORITY CERTIFICATION RENEWAL; IF NOT, PLEASE CONTINUE *****

PART B:

- Copy of valid, official photo identification with signature for each owner (driver's license, passport, etc.)
- Copy of a valid business license (from a city or state)

NOTE: Construction firms require a City of Wilmington business license

- Resume for each owner/principal
- Business literature (brochure, business card, etc.)
- Reference documents (select ONLY 1 type of reference documentation from the following):
 - Copy of unexpired minority or disadvantaged business certification(s)
- OR
- Three letters of reference (character or business)

*****STOP HERE IF YOU ARE A MINORITY-OWNED FIRM; CONTINUE IF YOU ARE A NET WORTH APPLICANT*****

PART C-NET WORTH ADDENDUM:

Submit the following documents for each owner that will be included in our review to satisfy the 51% disadvantaged status requirement.

- Signed **Personal Financial Statement** form
- Notarized **Declaration of Net Worth** form
- Copy of bank/account statements to verify balances
- Statements/bills from creditors showing proof of liabilities
- Copy of settlement sheet to verify purchase price of primary residence
- Copy of most recent tax return
- Copy of current balance sheet for business seeking certification

Please allow 6-8 weeks for processing of a completed application. Upon the approval of your application, you will receive a DBE certification document via mail, which will be valid for two years from the date of issuance. If you have any questions, please feel free to contact the office. Thanks for your participation!

Certification Application Form (Part A)

CITY OF WILMINGTON—DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

1. NAME OF FIRM: _____ DATE THE FIRM WAS ESTABLISHED: _____ EIN OR SS# (if sole proprietor): _____

2. AUTHORIZED CONTACT PERSON/SIGNER: _____ TITLE: _____

3. CONTACT #: _____ EMAIL: _____ WEBSITE: _____

4. BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

5. MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

6. TYPE OF FIRM: Corporation Partnership Individual Other: _____ BUSINESS LICENSE(S) HELD: List State: _____ List City: _____

7. DECLARATION OF FIRM OWNERSHIP (attach additional pages if necessary): BL/AA = Black/African American; HISP = Hispanic; NET = Net Worth; N/A = Not Disadvantaged

Names of Owners	Owner Social Security #	% Owned	Gender	Veteran	Basis for Disadvantaged Status
			M F	Y N	BL/AA HISP NET N/A
			M F	Y N	BL/AA HISP NET N/A

8. LIST PRODUCTS/SERVICES: _____

Select up to three North American Industry Classification System (NAICS) Codes —Go to <http://www.census.gov/eos/www/naics/> for more information (enter 4-digit to 6-digit codes)

NAICS Code 1: Description & Number	NAICS Code 2: Description & Number	NAICS Code 3: Description & Number

9. CONSTRUCTION FIRMS ONLY: Provide details on your largest contract: \$ Value: _____ Date: _____ Description: _____

Select up to three trades: Demolition Site Work Concrete Masonry Lead/Asbestos Carpentry Painting Roofing Mechanical Plumbing Electrical Home Renovation

10. LIST OTHER MINORITY OR DISADVANTAGED ENTERPRISE CERTIFICATIONS (MBE/DBE/SBA 8(a), etc.-attach additional pages if necessary):

Name of Certifying Agency	Type of Certification(s)	Date Certified	Expiration Date

I hereby certify that the information provided above and in the attached documentation is true and complete, and that I am authorized to request certification on behalf of the firm. I am aware that making a false written statement on this certification can lead to disqualification of certificate.

PRINT NAME OF AUTHORIZED SIGNER: _____

PRINT TITLE OF AUTHORIZED SIGNER: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

AFFIX NOTARY SIGNATURE, STAMP, SEAL, AND DATE:



Disadvantaged Business Enterprise (DBE) Program

PART C: NET WORTH ADDENDUM

If you are applying as a Minority-Owned Firm, SKIP THIS SECTION.

Submit the following documents for each owner that will be included in our review to satisfy the 51% disadvantaged status requirement.

Attach these documents to documents listed under Parts A & B of the DBE Application (see application instructions for details).

- Signed ***Personal Financial Statement*** form
- Notarized ***Declaration of Net Worth*** form
- Copy of bank/account statements to verify balances
- Statements/bills from creditors showing proof of liabilities
- Copy of settlement sheet to verify purchase price of primary residence
- Copy of most recent tax return
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Personal Financial Statement

CITY OF WILMINGTON—DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

Each owner whose profile will be used to determine eligibility should submit this form. Add sheets as needed.

Name of Owner/Applicant:

Name of Business Seeking Certification:

Information Provided As of Date:

Section 1. Summary of Assets

Cash on Hand & In Banks/Savings Accounts (Itemize in Section 3)		Automobile(s) - Present Value (Itemize in Section 5)	
IRA or Other Retirement Accounts (Itemize in Section 3)		Other Personal Property (Itemize in Section 5)	
Cash Value of Life Insurance (Itemize in Section 3)		Other Assets (Itemize in Section 5)	
Marketable Securities, Stocks & Bonds (Itemize in Section 4)		Real Estate (Itemize in Section 6)	
Accounts & Notes Receivable		Equity/Share of Businesses Owned (Itemize in Section 7)	
Total Assets			

Section 2. Summary of Liabilities

Accounts Payable		Loans on Life Insurance (Itemize in Section 8)	
Notes Payable to Banks and Others (Itemize in Section 8)		Mortgages on Real Estate (Itemize in Section 6)	
Installment Account Balance--Auto (Itemize in Section 8)		Unpaid Taxes (Itemize in Section 8)	
Installment Account Balance--Other (Itemize in Section 8)		Special Debt/Other Liabilities (Itemize in Section 8)	
Total Liabilities			

Section 3. Itemization of Cash, Savings, Retirement Accounts, Life Insurance

Name of Institution	Type of Acct	Name on Account	Balance/ Cash Value

Section 4. Itemization of Marketable Securities, Stocks, Bonds

Name of Securities/Instruments	# of Shares	Type of Acct	Value of Shares

Section 5. Itemization of Vehicles, Personal Property, & Other Assets		Value
Vehicles:		
Furniture:		
Clothing/Jewelry:		
Other:		
Other:		

Section 6. Real Estate	PRIMARY HOME (A)	Property B	Property C
Address			
Year Purchased			
Purchase Price			
Present Market Value			
Mortgage Holder(s)/Account #s			
Mortgage Balance(s)			
Equity Calculation (Primary Only)			

Section 7. Business Equity	Business A	Business B	Business C
Name of Business	<i>Business Seeking Certification</i>		
Total Value of Business			
% of Personal Ownership			
\$ Amount of Personal Equity			

Section 8. Itemization of Loans, Notes, Credit Cards, Bills, & Other Liabilities			
Name of Institution/Creditor	Type of Acct	Acct #	Balance
Auto Lender:	<i>Auto Loan</i>		

I authorize The City of Wilmington to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility. 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 determining eligibility. I understand FALSE statements may result in forfeiture of benefits and certification.

Signature:	SS#:	Date:
Signature	SS#:	Date:

Declaration of Net Worth

CITY OF WILMINGTON—DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

THIS FORM MUST BE NOTARIZED.

Each owner whose profile will be used to determine eligibility should submit this form.
See the *Certification Application Instructions* for a list of the required supporting documentation.

Name of Owner/Applicant:
Name of Business Seeking Certification:
Information Provided As of Date:

A. TOTAL ASSETS (as listed on Personal Financial Statement) _____

B. TOTAL LIABILITIES (as listed on Personal Financial Statement) _____

C. NET WORTH CALCULATION (A minus B) _____

*D. Less excludable equity in Primary Residence
(Not to exceed \$150,000)* _____

QUALIFYING NET WORTH (C minus D): _____

I, the undersigned, understand that filing a “false written statement” is a criminal offense. I authorize the City of Wilmington to contact banks, other entities, or individuals listed in order to verify information provided.

I hereby declare the above to be an accurate accounting of my Net Worth and that the above Qualifying Net Worth is less than \$500,000, therefore, determining my status as a Disadvantaged Individual under the City Of Wilmington's Disadvantaged Business Enterprise (DBE) Program.

Signature

Date

AFFIX NOTARIZATION BELOW