

# State of Rhode Island

## MBE/WBE/VBE/SDVBE Certification Application

Note: All participating firms must be for-profit enterprises that are at least 51% owned by socially and economically disadvantaged individuals. The firm's disadvantaged owners must be U.S. citizens or lawfully admitted permanent residents of the U.S.

General Instructions: Do not leave any spaces blank. If a question is not applicable to your business, insert "N/A" in the space provided for your answer. Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet.

### SECTION 1: Basic Contact Information

My firm is applying for certification as \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ VBE \_\_\_\_\_ SDVBE

1. Contact person: \_\_\_\_\_ Title: \_\_\_\_\_
  
2. Legal name of Firm (Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction"):  
\_\_\_\_\_
  
3. "Doing Business As" (D/B/A) Name (Complete if the firm does business under a fictitious name or trade name that is different from its legal name): \_\_\_\_\_
  
4. Street Address of firm:  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Mailing Address of firm (if different):  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Phone #: \_\_\_\_\_
7. Alternative Phone #: \_\_\_\_\_
  
8. E-mail: \_\_\_\_\_
9. Firm Website(s): \_\_\_\_\_
  
10. Is your firm currently certified as an MBE, WBE, VBE, SDVBE, DBE or ACDBE by any other jurisdiction?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please provide a copy of all current certification letters.
  
11. Indicate whether the firm or any persons listed in this application have ever:
  - a. Been denied certification or decertified as a MBE, WBE, VBE, SDVBE, DBE, ACDBE, or SBA 8(a)?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - b. Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or federal entity?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_If yes, explain the nature of the action and please provide a copy of the decision:  
\_\_\_\_\_  
\_\_\_\_\_

Section 2: General Information

**12. Business Profile:** Give a concise description of the firm's primary activities and the product(s) or services(s) it provides. If your company offers more than one product/service, please list the primary one first.

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**13.** List the applicable NAICS Code(s) for the line of work described above:

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**14.** When was this firm established? Date: \_\_\_\_\_

**15. Number of Employees:** \_\_\_\_\_

(Provide a list of employees, their job titles, and dates of employment)

**16.** What was the method of acquisition? (Check all that apply):

Started new business                       Bought Existing Business                       Inherited Business  
 Merger or Consolidation                       Other: \_\_\_\_\_

**17.** Type of Legal Business Structure

Sole Proprietorship                       Partnership                       Limited Liability Partnership  
 Corporation                       Limited Liability Company                       Other (Describe): \_\_\_\_\_

**18.** List the firm's Federal Tax ID#: \_\_\_\_\_

**19.** Did the business exist previously under a different type of ownership or legal business structure?

Yes                       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**20.** Does this firm have current Small Business Administration 8(a) status?

Yes                       No

If yes, please stop and contact DEDI/MBECO for information on reciprocity.

**21.** Is your firm co-located at more than one business location, or does it share a telephone number, P.O. Box office or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity?  Yes                       No

If yes, please explain the nature of your relationship with the other business(es) and identify the business(es) or person(s) with whom you have any formal, informal, written, or oral agreement.

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Section 3: Owner(s) Information

**22. Identify all individuals with ownership interest in the firm:**

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Percentage Owned: \_\_\_\_\_ % U.S. Citizen \_\_\_\_\_ Lawful Permanent Resident \_\_\_\_\_  
 Ethnic Group Membership (Check all that apply):  
 Black  Hispanic  Native American  Portuguese  Asian  
 Other (specify) \_\_\_\_\_

b. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Percentage Owned: \_\_\_\_\_ % U.S. Citizen \_\_\_\_\_ Lawful Permanent Resident \_\_\_\_\_  
 Ethnic Group Membership (Check all that apply):  
 Black  Hispanic  Native American  Portuguese  Asian  
 Other (specify) \_\_\_\_\_

c. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Percentage Owned: \_\_\_\_\_ % U.S. Citizen \_\_\_\_\_ Lawful Permanent Resident \_\_\_\_\_  
 Ethnic Group Membership (Check all that apply):  
 Black  Hispanic  Native American  Portuguese  Asian  
 Other (specify) \_\_\_\_\_

d. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Percentage Owned: \_\_\_\_\_ % U.S. Citizen \_\_\_\_\_ Lawful Permanent Resident \_\_\_\_\_  
 Ethnic Group Membership (Check all that apply):  
 Black  Hispanic  Native American  Portuguese  Asian  
 Other (specify) \_\_\_\_\_

**23. Identify all Officers and, if applicable, Directors of the Board:**

	Name	Title	Date Appointed	Ethnicity	Gender
Officers of the company					

Board of Directors					

**24. Please identify the initial contributions made by any individual to acquire ownership in the firm, including cash, real estate, equipment, gifts, or any other method of investment or acquisition. (Attach documentation.)**

Name of Contributor	Dollar Value	Contribution/Asset	Date of Contribution

25. List all contributions or transfers of assets to/from the applicant firm and/or to/from any of its owners or another individual over the past two (2) years:

Date	Contribution/Asset	From Whom Transferred	To Whom Transferred	Dollar Value

26. Identify all individuals responsible for the following managerial operations

Financial Decisions:

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

Bidding & Estimating:

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

Negotiating Contracts:

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

Negotiating Bonding:

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

Negotiating Insurance:

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

Marketing & Sales:

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

Hiring & Firing:

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

Supervising Field Operations:

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

Purchasing Equipment & Supplies:

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

Managing & Signing Payroll:

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

Bank Account Signatory

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

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

27. Does any owner, officer, director or employee have any ownership interest in any other business entity, or is any such person employed by any other business entity? \_\_\_ Yes \_\_\_ No. If yes, please identify the other business entity and explain.

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28. Please list all relevant licenses/permits held by any owner and/or employee of the firm (e.g., contractor, engineer, architect, etc.)

Name of License Holder	Type of License/Permit	Expiration Date	State

29. Please list all Office and Storage Spaces:

Facility Type	Address	Owner or Lessor Name	Monthly Rent

30. Please list all major vehicles, equipment and machinery owned or leased by the firm:

Make & Model of Equipment	Owned or Leased?	Acquisition Date	Purchase Price or Lease Amount	Current Value

31. Please list any Attorney, CPA and/or Accountant for the firm:

Name	Title/Role for the firm	Email

32. Identify Bank(s) where the firm's accounts are maintained:

Name of Bank: \_\_\_\_\_ City and State: \_\_\_\_\_  
 Signatory for the account: \_\_\_\_\_ Account Type: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ City and State: \_\_\_\_\_  
 Signatory for the account: \_\_\_\_\_ Account Type: \_\_\_\_\_

33. Is the firm bonded? \_\_\_ Yes \_\_\_ No If yes, please specify type and limits below:

Name of Bonding Company: \_\_\_\_\_  
 Project Limit: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_

**34.** Identify all current creditors and/or loans held by the firm, including those from an owner or employee of the firm:

Name of Creditor	Name of Person Guaranteeing the Loan	Purpose of the Loan	Original Loan	Current Balance

**35.** List the three (3) largest contracts for which the applicant firm has provided goods or services within the last two (2) years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of work performed	Duration of Project	Dollar Value of Contract

Application Continues on Next Pages with Personal Financial Statement

## PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_, 20\_\_\_\_

Complete this form for each owner of the applicant firm. For any assets or liabilities that are jointly held with another individual, record only your portion of said asset or liability. Do not include assets and liabilities that are owned by the applicant firm. Do not include contingent liabilities.

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Assets		Liabilities	
Cash on Hand & in Banks	\$		\$
Savings Accounts	\$	Mortgages on Real Estate Other Than Primary Residence	\$
Investment Accounts	\$	Loans on Life Insurance	\$
Ownership in Other Businesses (Describe in Section 5)	\$	Other Liabilities	\$
Life Insurance (Cash Surrender Value)(Describe in Section 7)	\$		\$
Stocks & Bonds (Describe in Section 2)	\$		\$
Value of Your Ownership Interest in Real Estate, Excluding Primary Residence (Describe in Section 3)	\$		\$
Amounts Owed to You	\$		\$
Personal Property and other Assets (Describe in Section 4)	\$	TOTAL LIABILITIES.....	\$
Assets Held in Trust	\$		
TOTAL ASSETS.....	\$		

### Section 1 - Notes Payable to Banks and Others

Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Payment Frequency	How Secured or Endorsed / Type of Collateral

### Section 2 - Stocks & Bonds

Name of Securities or Fund	Original Cost	Current Market Value


**Section 3 - Real Estate Owned**

List each parcel separately. Use attachments if necessary.

Type of Property	Property A	Property B	Property C
Address			
Date Purchased			
Original Cost			
Present Market Value			
Current Mortgage Balance			

**Section 4 - Other Personal Property & Assets**

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**Section 5 - Ownership in Other Businesses**

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**Section 6 - Other Liabilities**

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**Section 7 - Life Insurance Held**

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I certify that the above statements are true and accurate as of the stated date(s). These statements are made for the purpose of MBE/WBE/VBE certification. I understand that false statements may result in the forfeiture of certification and possible prosecution.

Signature:

Date:

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## Oath of Applicant Firm

This application must be verified under oath in the following manner:

- A. If the applicant firm is a sole proprietorship, by its owner; or if the applicant firm is a partnership, by a partner; or
- B. If the applicant firm is a corporation, by the principal officer designated by the Board of Directors; or if the applicant firm is an LLC, by the managing member.

All applicants **MUST** read and review all items preceding the verification before signing. These items contain responsibilities of the applicant, rights retained by the State of Rhode Island, and penalties that may be applied for false statements.

FIRST, this application form, the supporting documentation, and any other information provided in support of the application are considered part of the application. It is recognized and acknowledged that the information contained in this application is given under oath, and that any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts that may be awarded to the applicant by the State of Rhode Island. In addition, the applicant further understands that any misrepresentation made in this application is subject to both the civil and criminal laws of the State of Rhode Island.

SECOND, pursuant to the provisions of the Access to Public Records Act, an agency may not disclose information submitted in an application, unless such disclosure is made pursuant to applicable federal and state laws.

THIRD, by filing this application, the applicant consents to periodic examination of its books, records, and an interview of its principals and employees by the State of Rhode Island for the purpose of determining whether the applicant qualifies, or continues to qualify as an MBE, WBE or VBE. If such examinations or interviews are refused by the applicant, such refusal may be grounds for denying or revoking the applicant's certification.

FOURTH, by filing this application, the applicant consents to inquiries that may be directed by the State of Rhode Island to the applicant's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification. If the applicant fails to permit such inquiries to be made, such failure may be grounds for denying or revoking the applicant's certification.

FIFTH, the applicant agrees to provide notice to the State of Rhode Island of any material changes in the information contained in the original application within 30 days of such change.

SIXTH, certification normally requires annual submittals of updated information in order to maintain certification. However, the State of Rhode Island may require the submission of additional information, examination of the applicant's principals and employees at any time before the one-year period. The applicant's failure to submit such materials, or to consent to such examination and interviews, shall be grounds for immediate revocation of certification.

SEVENTH, by filing this application, the applicant consents to the State of Rhode Island sharing reports, summaries, reviews, analyses, recommendations and determinations relating to this application, with other certifying agencies which may request such information as a result of the applicant submitting an application for certification to those agencies.

EIGHTH, by filing this application, the applicant swears that they are members of a definable minority group, woman, veteran, and/or an individual found to be both socially and economically disadvantaged.

I have read and acknowledge the foregoing.

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Applicant Signature

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Printed Applicant Name and Title

Signed on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Electronic Submissions are Encouraged – please contact [mbe.compliance@doa.ri.gov](mailto:mbe.compliance@doa.ri.gov) for a secure link.

If mailing, please mail to:

Rhode Island Division of Equity, Diversity & Inclusion  
Attn: MBE Compliance Office  
One Capitol Hill, 3<sup>rd</sup> Floor  
Providence, RI 02908

Rev. 10/22/2024

**APPLICATION SUPPORTING DOCUMENTATION CHECKLIST**

**All Applicants:**

	Resumes for all owners, officers, shareholders, directors and key employees. Must include education, training, licensing, and employment history with dates.
	Personal financial statements for all owners (available within this application)
	Personal federal tax returns for last three (3) years for each owner, including all federal schedules and attachments. Do not include state returns or state schedules.
	Corporate federal tax returns for last three (3) years for applicant firm and all affiliate firms, including all federal schedules and attachments. Do not include state returns or state schedules.
	Documented proof of contributions used to acquire ownership in firm for each owner (e.g.: copies of both sides of cancelled checks)
	Copies of signed loan agreements, security agreements, and bonding forms
	Copies of signed lease agreements, including equipment leases and leases for space.
	Schedule of salaries (or other compensation) paid to all owners, officers, directors and managers of the firm.
	All relevant licenses, permits, registrations and certifications
	All MBE, WBE, DBE, and VBE certification letters, denials, and decertifications
	Bank signature card, bank resolution, or letter from bank (on bank letterhead) identifying the name(s) of all individual(s) with check signing authority for all company accounts, including the levels and limitations of authority, as applicable.
	Proof of U.S. Citizenship and/or permanent resident alien status

**MBE/WBE Applicants:**

	Proof of ethnicity and (for women) gender - e.g.: birth certificate, driver's license, tribal identification card.
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**VBE Applicants:**

	DD Form 214 - Certificate of Release or Discharge from Active Duty
	Documentation of Service Connected Disability Certification (for SDVBE)

**Partnerships:**

	Original and any amended partnership agreements
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**Corporations:**

	Official Articles of Incorporation
	Corporate By-Laws and any amendments
	Both sides of all corporate stock certificates and the firm's stock transfer ledger
	Shareholder agreements
	Minutes of all stockholder and board of director meetings for the last one (1) year

**LLCs:**

	Official Articles of Organization
	Operating Agreement and any amendments

**Sole Proprietorships:**

	Certificate of Trade Name if operating under a fictitious name
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APPLICATION SUPPORTING DOCUMENTATION CHECKLIST (Continued)

Trucking Companies:

	Insurance agreements for each truck owned or operated by the firm
	Titles and registrations for each truck owned or operated by the firm
	List of U.S. DOT numbers for each truck owned or operated by the firm

Suppliers / Regular Dealers:

	Proof of warehouse ownership or lease
	List of all product lines carried and kept in stock
	List of all distribution equipment owned or leased by the firm