



Office of Supplier Diversity

P.O. Box 180249
Mobile, AL 36618-0249

We appreciate your interest in becoming certified as a Diverse Vendor with MAWSS. Please complete and return this packet and supporting documentation to the address above.

The purpose of this Certification is to allow businesses owned and controlled by socially and economically disadvantaged individuals to participate in projects administered by MAWSS. Any firm that provides products and services relative to water and sewer planning, engineering, construction, or research and all support areas throughout MAWSS should apply for this certification. In addition to being certified as a Diverse Vendor, firms seeking to do business with the service may need to satisfy other requirements.

MAWSS provides the inclusion of diverse suppliers, including, but not limited to small, minority-owned and women-owned businesses, in its procurement and contracting opportunities.

If you have any questions, contact the Supplier Diversity Program Manager, Felicia Thomas, at 251-694-3194, and she will be glad to assist you.

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Checklist for Required Attachments

PLEASE SUBMIT COPIES OF THE FOLLOWING DOCUMENTS, EXHIBITS, SCHEDULES, ETC.

I. CORPORATION:

- Current Balance Sheet or Financial Statement (with accountant's report and notes, if applicable)
- Federal tax returns
- Resumes for individuals listed on page 6
- Copies of long term lease agreements, management service agreements, and details of any oral agreements; include all exhibits/schedules, etc.
- Articles of incorporation with evidence of filing
- Corporate by-laws, including all amendments
- Copies of currently held stock certificates
- Stock transfer ledger or copy of stock certificate stubs
- Record of first corporate organizational meeting
- Most recent minutes electing officers
- Most recent minutes electing directors
- Opening bank statement
- Bank Signature card or resolution from all company accounts
- All line of credit documents

II. PARTNERSHIP OR SOLE PROPRIETORSHIP:

- Current Balance Sheet or Financial Statement (with accountant's report and notes, if applicable)
- Federal tax returns
- Resumes for individuals listed on page 6
- Copies of long term lease agreements, management service agreements, and details of any oral agreements; include all exhibits/schedules, etc.
- Fictitious name registration, if applicable
- Partnership agreement (including buy-out rights and distribution of profits/losses)
- Copy of State Certification



III. DEFINITIONS

A. (SUB):

A small business which is owned and controlled by one or more individuals, as identified on the attachment titled SUB Code List.

B. Owned and Controlled:

In this document, the terms “owned and controlled” mean that an organization fits the following criteria:

1. At least 51% of the stock is owned by one or more socially or economically disadvantaged individuals, or, in the case of any corporation that has at least 51% of stock owned by one or more socially or economically disadvantaged individuals.
2. The company’s management and daily business operations are controlled by one or more of the small and underutilized persons who own it.

C. Diverse Vendor Individuals:

Citizens of the United States (or lawfully permanent residents) who are Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, or women and other disadvantaged individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the Small Business Act, as amended. For convenience, these individuals and groups are referred to as “disadvantaged”.

1. **Black Americans** racial group includes persons having origins in any of the black racial groups of Africa.
2. **Hispanic Americans** racial group includes persons of Mexican, Puerto Rican, Cuban, Central or South American, Spanish or Portuguese culture or origin, regardless of race.
3. **Native Americans** racial group includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians.
4. **Asian-Pacific Americans** racial group includes persons having origin in Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, Philippines, Samoa, Guam, U.S. Trust Territories of the Pacific, Northern Marianas, Burma, and Thailand.
5. **Asian-Indian Americans** racial group includes persons from India, Pakistan and Banladesh.
6. **Women** gender groups include all females of all races and origins.



IV. FIND YOUR DIVERSITY CODE

CLICK TO SELECT YOUR GENDER:

MALE or FEMALE

YOUR SUB CODE CORRESPONDS WITH YOUR RACIAL GROUP BELOW:

90 WHITE

BLACK AMERICAN

10 BLACK RACIAL GROUPS OF AFRICA

91 BLACK AMERICAN

HISPANIC AMERICAN

21 MEXICO

22 PUERTO RICO

23 CUBA

24 CENTRAL AMERICA

25 SOUTH AMERICA

26 PORTUGAL

27 SPAIN

NATIVE AMERICAN

41 AMERICAN INDIAN

42 ALEUT

43 ESKIMO

44 NATIVE HAWAIIAN

ASIAN-PACIFIC AMERICAN

51 JAPAN

52 CHINA

53 TAIWAN

54 KOREA

55 VIETNAM

56 LAOS

57 CAMBODIA

62 PHILIPPINES

63 SAMOA

64 GUAM

65 US TRUST TERRITORY OF PACIFIC

66 NORTHERN MARIANAS

71 BURMA

72 THAILAND

ASIAN-INDIAN AMERICAN

58 INDIA

59 PAKISTAN

61 BANGLADESH

OTHER

80 MEMBERS OF OTHER GROUPS NOT REFLECTED ABOVE
SPECIFY:



V. DIVERSE SUPPLIER AFFIDAVIT

A. Contact Information:

COMPANY NAME:
STREET ADDRESS:
STREET/P.O. BOX:
CITY:
STATE:
ZIP CODE:

B. Mailing Address (If Different):

CONTACT PERSON:
E-MAIL:
TELEPHONE #:
FAX #:
FEDERAL ID NUMBER/SOCIAL SECURITY #:

C. Type of Ownership:

WHAT IS YOUR ORGANIZATION'S TAX STRUCTURE?

1. INDUSTRY:
2. YEARS IN BUSINESS:
3. LIST THE TYPE OF WORK YOUR FIRM CAN PERFORM AS PART OF THE DIVERSITY PROGRAM:

4. LIST YOUR OFFICERS:

NAME	YEARS IN POSITION	SSN	SUB CODE



OWNER:
 PRESIDENT:
 PARTNERS:
 VICE PRESIDENT:
 SECRETARY:
 TREASURER:
 OTHER:

5. LIST YOUR BOARD OF DIRECTORS:

NAME	YEARS ON BOARD	SSN	SUB CODE	ADDRESS

6. STOCK: (INDICATE NUMBER OF SHARES)

COMMON STOCK: # SHARES AUTHORIZED # SHARES CURRENTLY HELD

PREFERRED STOCK: # SHARES AUTHORIZED # SHARES CURRENTLY HELD

7. STOCK BREAKDOWN:

NAME	SSN	SUB CODE CLASS	TOTAL COST	% OWNERSHIP	DATE OF OWNERSHIP

**IF ANY OF THE SHAREHOLDERS GAVE ANYTHING OF VALUE (OTHER THAN MONEY) IN EXCHANGE FOR THEIR STOCK, PLEASE ATTACH A WRITTEN EXPLANATION.



8. CURRENT NUMBER OF EMPLOYEES ON PAYROLL:

#FULL TIME:

#PART TIME:

9. WHO DETERMINES WHICH PROJECTS THE COMPANY WILL UNDERTAKE?

10. WHO IS RESPONSIBLE FOR ON-SITE SUPERVISION?

11. WHO PERFORMS THE FOLLOWING?

ESTIMATING:

MARKETING & SALES:

HIRING & FIRING OF MANAGEMENT PERSONNEL:

PURCHASING OF MAJOR ITEMS OR SUPPLIES:

NEGOTIATING INSURANCE:

12. IDENTIFY YOUR CURRENT:

BANK:

BONDING COMPANY:

13. LIST ALL SOURCES AND AMOUNT OF LOANS & INVESTMENTS IN THE FIRM (Do not include amounts from #9)

SOURCE	DATE	AMOUNT



14. DO YOU HAVE CONTROLLING INTEREST IN ANY OTHER FIRM? YES NO

(IF YES, COMPLETE THE FOLLOWING AND ATTACH THE PRIOR THREE (3) YEARS FEDERAL TAX RETURN FOR EACH)

NAME	% OWNERSHIP	#FT EMPLOYEES	#PT EMPLOYEES

15. NAME AND ADDRESS OF YOUR ATTORNEY

- a. NAME:
- b. ADDRESS:

16. LIST NAME AND ADDRESS OF CPA

- a. NAME:
- b. ADDRESS:

17. LIST THE THREE LARGEST CONTRACTS/SUBCONTRACTS IN DOLLAR AMOUNTS YOU HAVE COMPLETED FOR THE MOBILE AREAS WATER AND SEWER SERVICE. IF THE VALUE OF THE CONTRACTS IS THE SAME, LIST THE MOST RECENT LARGE CONTRACTS.

CONTRACT OWNER	DOLLAR AMOUNT	DATE COMPLETE	PRIME CONTRACTOR



18. LIST THE THREE LARGEST CONTRACTS/SUBCONTRACTS IN DOLLAR AMOUNTS YOUR FIRM HAS COMPLETED OVER THE LAST THREE YEARS. IF THE VALUE OF THE CONTRACTS IS THE SAME, LIST THE MOST RECENT LARGE CONTRACTS.

CONTRACT OWNER	DOLLAR AMOUNT	DATE COMPLETE	PRIME CONTRACTOR

19. DOES YOUR FIRM OWN MAJOR EQUIPMENT? YES NO (IF YES, LIST MAJOR EQUIPMENT OWNED OR ATTACH LIST IF NECESSARY.)

DESCRIPTION	QUANTITY

20. IS YOUR FIRM CERTIFIED BY ANY OTHER CERTIFYING AGENCY? YES NO (IF YES, PLEASE ATTACH LETTERS OF CERTIFICATION.)

21. LIST ALL CERTIFYING AUTHORITIES THAT MAY HAVE DENIED YOUR CERTIFICATION:

- A.
- B.
- C.
- D.
- E.
- F.

22. LIST ALL GEOGRAPHICAL LOCATIONS YOU SERVE:

- A.
- B.
- C.
- D.
- E.
- F.



The undersigned does hereby swear that this firm is at least 51% owned by individual who are either U.S. Citizens or lawfully admitted U.S. permanent residents and that the foregoing statements and attachments are true, accurate and complete, and include all material information necessary to identify and explain the operations of the firm.

Further, the undersigned does covenant and agree to provide the Mobile Area Water and Sewer information regarding actual work performed on the Service’s projects, the payment therefore and any proposed changes in any of the arrangements herein above stated and to permit the investigation to include interview of principals, employees and offices, and examination of the books, records, and files of the firm by authorized representatives of the Service, as deemed necessary. The information requested in this application is intended to be used for the purpose of assessing the applicant’s eligibility for certification under the Service’s Small and Underutilized Business Program. Use of this information may also be made by other duly authorized governmental entities.

Trade secrets, informational privileged by law, and confidential commercial, financial, geological, or geophysical data furnished will be protected by the Service.

Any distortion, false-statement, or nondisclosure of information will be deemed by the Service to be a material misrepresentation. All material misrepresentations are subject to prosecution under Federal and State laws, and may also be grounds for denial of SUB Certification.

(SIGNATURE OF AFFIANT)

(DATE)

SEAL

PRINTED NAME

SWORN AND SUBSCRIBED BEFORE ME

(SIGNATURE OF NOTARY PUBLIC)

THIS _____ DAY OF _____, 20_____ My Commission Expires: _____

The affidavit must be notarized and signed by an authorized responsible individual of the firm seeking certification. Please review all items to ensure that the information provided is accurate and complete. Failure to provide the proper information may cause delays in determining eligibility. Failure to cooperate may cause your application to be denied.