

OHIO DEPARTMENT OF DEVELOPMENT
OHIO MINORITY BUSINESS BONDING PROGRAM
APPLICATION

Applicant:			
Applicant Trade Name:			
Address:	City:	State:	Zip:
Contact Person:		Secondary Contact:	
Telephone:	Fax:	Email:	

List all owners, officers and key personnel of the company.

Name	Address	Age	Years with Company	Years in Industry	% of Ownership	Title

BUSINESS INFORMATION

How much bonding assistance is being requested?

Bid Bonds: \$	Performance / Payment Bonds: \$
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	Yes	NO	
1.			Has the applicant ever been bonded by a private surety? If yes, why was coverage terminated? Please explain on Company Letterhead.
2.			Has the applicant ever been bonded by the Director.
3.			Has there ever been a bond claim against the applicant? If yes, please explain on Company Letterhead
4.			Are there now or have there ever been any liens, claims or disputes arising from any jobs?
5.			Has the applicant in whole or in part ever failed to perform on a job? If yes, please explain on Company Letterhead.
6.			Are all jobs currently on schedule?
7.			Has the applicant ever petitioned for bankruptcy or been forced into involuntary bankruptcy. If yes, please explain on Company Letterhead.
8.			Has any owner of the applicant ever petitioned for bankruptcy or been forced into involuntary bankruptcy? If yes, please explain on Company Letterhead.
9.			Has there ever been a judgment against the applicant? If yes, please explain on Company Letterhead.
10.			Is the company or any of its owners presently involved in any litigation? If yes, please explain on Company Letterhead.
11.			Are any taxing authorities engaged in an audit of the applicant's tax returns?
12.			Are the applicant and all owners current on all income and payroll taxes? If no, please explain on Company Letterhead.

13.		Are there now or have there been any liens for failure to pay income or payroll taxes against the applicant or any owners?
14.		Does the applicant or a more than 20% owner of the applicant own 20% or more of any other company?
15.		Are all owners of the applicant willing to personally guarantee bonds issued by the Director?

16. Why does the applicant need bonding line of credit? _____
 17. How did the applicant learn of the Minority Business Bonding Program? _____

18. What are the applicant's products or services? _____

19. When was the applicant established? _____ Later incorporated? _____
 20. Is the applicant a sole proprietorship _____ Partnership _____ Corporation _____
 21. If the applicant is a corporation, has it elected to be taxed as an S Corporation? _____

22. If your company uses subcontractors, what is your policy regarding bonds from them? _____

23. How many individuals does your company currently employ?
 # of Administrative ____ #of Labor ____ # of Minorities ____

24. Based on this bonding request how many employees will you hire over the next year? _____
 What is the number of projected skilled workers? _____ Average Hourly rate? _____
 What is the number of projected unskilled workers? _____ Average Hourly rate? _____

25. Indicate the company's three largest contracts or sales categories for the past three years.

200_	200_	200_
Entity:	Entity:	Entity:
Amount:	Amount:	Amount:

26. What percentage of your work is done as a prime contractor? _____ %
 27. What percentage of your work is done as a subcontractor? _____ %
 28. What size contract does the applicant feel it can best handle? \$ _____
 29. What is the maximum size contract the company can handle? \$ _____
 30. What is the total dollar amount of contracts completed in each of the last three years?

20__	\$	20__	\$	20__	\$
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31. Is the company equipment adequate for the coming year's anticipated work? _____
 If no, please provide details of any planned large expenditures on a separate sheet.

32. How often are individual job costing records updated? _____
 33. Are the applicant's general ledger or job costing records maintained on an in-house computer system?
 _____ What program(s) are used? _____

34. How often are financial statements prepared? Internally _____ By CPA _____

35. Name, address and telephone number of the CPA preparing financial statements.

Name	Address	Telephone Number

36. How much is the applicant's bank line of credit? \$ _____
 37. How general liability insurance does your Company have? _____
 37. Who is your insurance company _____

Work History and Referrals

List the five largest contracts completed in the past three years. The program staff will contact these referrals.

CONTRACT 1

<i>Dollar Amount:</i>	<i>Date Completed:</i>
<i>Architect/Engineer (name, address and phone number):</i>	<i>Customer (name, address and phone number):</i>
<i>Job Description:</i>	

CONTRACT 2

<i>Dollar Amount:</i>	<i>Date Completed:</i>
<i>Architect/Engineer (name, address and phone number):</i>	<i>Customer (name, address and phone number):</i>
<i>Job Description:</i>	

CONTRACT 3

<i>Dollar Amount:</i>	<i>Date Completed:</i>
<i>Architect/Engineer (name, address and phone number):</i>	<i>Customer (name, address and phone number):</i>
<i>Job Description:</i>	

CONTRACT 4

<i>Dollar Amount:</i>	<i>Date Completed:</i>
<i>Architect/Engineer (name, address and phone number):</i>	<i>Customer (name, address and phone number):</i>
<i>Job Description:</i>	

CONTRACT 5

<i>Dollar Amount:</i>	<i>Date Completed:</i>
<i>Architect/Engineer (name, address and phone number):</i>	<i>Customer (name, address and phone number):</i>
<i>Job Description:</i>	

STATUS OF UNCOMPLETED CONTRACTS

DATE: _____

Contract Description	Start Date	Contract Price	Contractors Estimated Cost at time of Bid (include change orders)	Total Amount Billed to Date Including Retainage	Total Costs to Date	Revised Estimated Costs to Complete	Completion Date

SUPPORTING DOCUMENTATION

The following supporting documents must be attached to your application. Please number your exhibits as indicated and attach them to the end of the application in order. Forms for Exhibits 11,16 and 17 are enclosed. **Incomplete submissions may result in delay or denial of your application.**

Exhibits (Check if Enclosed)

1. _____ Brief history and/or description of the business (business plan preferred) Please list any special circumstances pertaining to your company or this application
2. _____ Resumes on owners and key employees
3. _____ 3 years annual financial statements, with accountants' report and footnotes
4. _____ Projected monthly financial statements for at least one year, including balance sheet, income statements and statements of cash flows, with summary of significant forecast assumptions
5. _____ Interim financial statements, with accountants' report and footnotes
6. _____ 3 years business tax returns, with supporting schedules
7. _____ 3 years personal tax returns, with supporting schedules
8. _____ Aging of accounts receivables and payables as of the date of the most recent financial statements submitted
9. _____ List of equipment owned and/or leased by the applicant
10. _____ Documentation from a bank verifying the applicant's existing line of credit
11. _____ Personal financial statements of all owners (attached exhibit)
12. _____ Completed employee organization chart
13. _____ Company Affirmative Action Plan
14. _____ Ohio Minority Business Certification
15. _____ Succession Plan
16. _____ Government Business and Funding Contracts Form (attached exhibit)
17. _____ Tax Authorization Form (attached exhibit)

**APPLICANT'S STATEMENT CERTIFYING ACCEPTANCE
ADDITIONAL REPRESENTATIONS, COVENANTS AND WARRANTIES**

IN CONSIDERATION OF THE ACCEPTANCE AND REVIEW OF THIS APPLICATION BY THE STATE OF OHIO, APPLICANT AGREES, COVENANTS, REPRESENTS AND WARRANTS AS FOLLOWS:

- A. The information contained in and submitted with this application is complete and correct. (Any person who provides a false statement to secure Economic Development assistance may be guilty of falsification, a misdemeanor of the first degree, pursuant to O. R. C. 2921.13(D)(1), which is punishable by a fine of not more than \$1,000 and or a term of imprisonment of not more than six month.)
- B. Applicant shall supply additional information upon request by the Department of Development.
- C. Applicant has not and shall not pay to any broker, attorney, accountant or any other person assisting it with this application any fee contingent upon the amount of financial assistance obtained from the State of Ohio.
- D. The Department of Development is hereby given authority to contact its legal counsel, accountants, bankers, prime contractors, subcontractors, owners of past and current projects, and material suppliers. Furthermore, the above-mentioned agency is given authority to review credit reports on the applicant company and its owners and officers without prior notice to the applicant company.
- E. Applicant intends and expects to provide employment opportunities in Ohio as represented in this application for assistance.
- F. The filing of this application for assistance in no way obligates the Department of Development or the State of Ohio to pursue this project.

THE UNDERSIGNED HAS FULL POWER AND AUTHORITY TO EXECUTE, DELIVER, PERFORM AND ENTER INTO AND CARRY OUT THE PERFORMANCE OF THIS APPLICATION ON BEHALF OF THE APPLICANT COMPANY.

The applicant is hereby put on notice that the Director shall cancel or refuse a bond to any person who intentionally misrepresents himself as owning, controlling, operations, or participating in a minority business enterprise for the purpose of obtaining funds, contracts, subcontracts, services or any other benefits under sections 122.71 to 122.85 or 122.87 to 122.89 of the Revised Code.

Applicant's/company's legal name

Signature

Typed or printed name

Title

EXHIBIT 11
PERSONAL FINANCIAL STATEMENT
AS OF _____(date)

The applicant must submit completed copies of this form as follows:

- 1) if a sole proprietorship, by the proprietor; 2) if partnership, by each partner; 3) if a corporation, by each officer and each 20% or greater stockholder; 4) any person providing a guaranty (indemnity) on the contract bond.

Owners Name:						
Owners Address:						
City, State, Zip:						
Social Security No:						
Business Name:						
ASSETS			LIABILITIES			
Checking Accounts:	\$		Accounts payable: (credit cards)			
Savings Accounts:			Installment accounts (auto):			
U.S. Bonds, Bills, Notes:			Installment accounts (other):			
Other Investments (Section 2):			Notes payable - real estate (Section 3):			
IRA and Keogh Plans:			Notes payable -other (Section 5):			
Notes Receivable:			Rental Payments:			
Life insurance-cash value (Section 6):			Loans on Life Insurance (Section 6):			
Real Estate (Section 3):			Unpaid Taxes (Section 7):			
Automobiles (current value): Make Year						
			Other Liabilities (Section 8):			
Machinery or Equipment:			Total Liabilities:			
Other Assets (Section 4)			Net Worth:			
Total Assets:			Total Liabilities and Net Worth:			
SECTION 1. SOURCES OF INCOME (annual)						
Salary, Wages, Commissions:	\$		Income from Business:	\$		
Income from Investments:	\$		Rental Income:	\$		
Other Income:	\$					
SECTION 2: OTHER STOCKS AND BONDS						
Number of Shares	Names of Securities	Cost	Market Value/Quote	Date of Quote	Total Value	
SECTION 3: REAL ESTATE OWNED						
Property Address	Purchase Date	Original Cost	Market Value	Name and Address of Note Holder	Note Balance	Monthly
SECTION 4: OTHER PERSONAL PROPERTY AND ASSETS						

SECTION 5: NOTES PAYABLE TO BANKS						
Name and Address of Note holders	Original Balance	Current Balance	Payment Amount	Payment Frequency	Type of Collateral Securing Note	

SECTION 6: LIFE INSURANCE						
Insured	Amount	Type	Cash Value	Loans Payable	Beneficiary	Carrier/ Agency

SECTION 7: UNPAID TAXES
(Describe in detail: to whom payable, when due, amount, and what (if any) tax liens have been filed)

SECTION 8: OTHER LIABILITIES

SECTION 9: HAVE YOU OR ANY ENTITY OWNED IN WHOLE OR IN PART BY YOU APPLIED FOR BANKRUPTCY OR BEEN IN INVOLUNTARY BANKRUPTCY IN THE PAST 10 YEARS. IF SO, PLEASE EXPLAIN.

I (WE) certify the above information contained in this statement is a true and accurate presentation of (my) or (our) financial condition as of the dates stated herein. This personal financial statement is given for the purpose of (Check one of the following):

_____ Inducing the Director to grant a bond as requested in this application, of the individual or firm whose name appears herein, in connection with which this personal financial statement is submitted.

_____ Furnishing a statement of (my) or (our) financial condition, pursuant to the terms of the guaranty executed by (me) or (us) at the time the Director granted a bond to the individual or firm, whose name appears herein.

Signature

Signature

Date

EXHIBIT 16



Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

GOVERNMENT BUSINESS AND FUNDING CONTRACTS In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME				
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
PHONE NUMBER				

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

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GOVERNMENT BUSINESS AND FUNDING CONTRACTS - CONTINUED

3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? <input type="checkbox"/> Yes <input type="checkbox"/> No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

Signature

Date

EXHIBIT 17

TAX INFORMATION DISCLOSURE AUTHORIZATION

_____ (the Company) hereby irrevocably authorizes the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation from the date below until _____ (one year from the date below) to disclose to the Director of the Ohio Department of Development or any designated employee of the Director the amounts or any or all outstanding liabilities for corporation franchise tax, individual income tax, employer withholding tax, sales, use tax or excise tax which are currently unpaid and certified to the Attorney General of the State of Ohio for collection.

The Applicant expressly waives notice of the disclosure(s) to the Ohio Department of Development by either the Tax Commissioner of the Ohio Department of Taxation or by any agent designated by the Tax Commissioner of the Ohio Department of Taxation. The applicant expressly waives the confidentiality provisions of the Ohio law which would otherwise prohibit disclosure and agrees to hold the Department of Taxation and its employees harmless with respect to the limited disclosure authorized herein.

This authorization is to be liberally interpreted and construed; any ambiguity shall be resolved in favor of the Tax commissioner or the Ohio Department of Taxation.

This authorization is binding on any and all heirs, beneficiaries, survivors, assigns, Executors, administrators, successors, receivers, trustees, or other fiduciaries.

A photocopy of this authorization is as valid as the original.

Name of Applicant (including any DBA)

By: _____

Title: _____ (Officer or Director)

Date: _____

Applicant Full Legal Name and Address:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Federal Tax Identification Number: _____

Ohio Tax Identification Number: _____

Name and Addresses of any affiliates _____