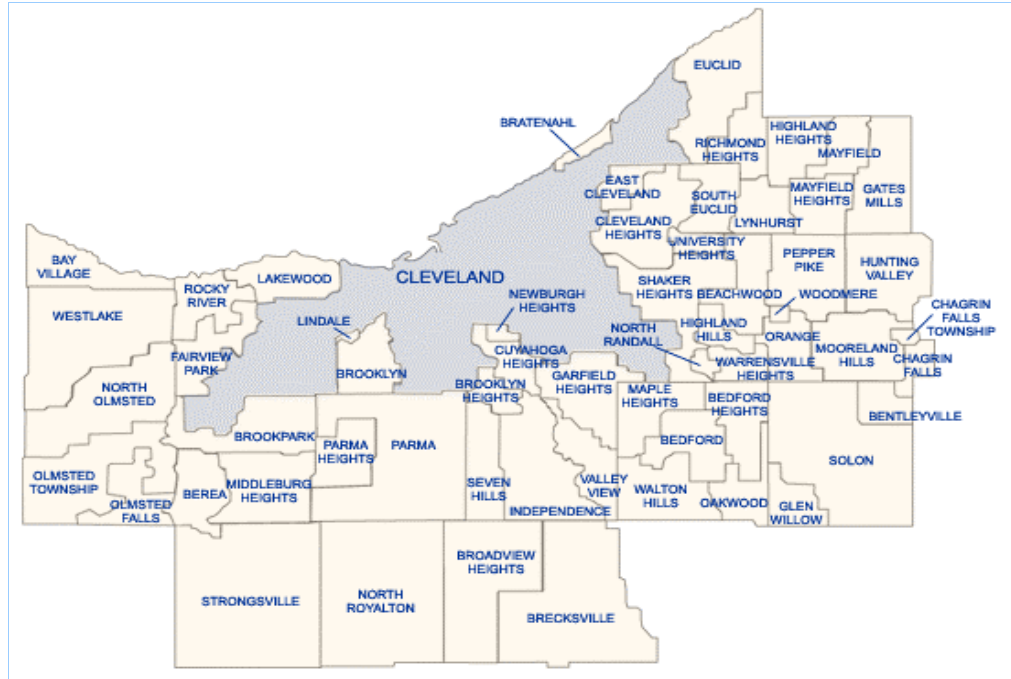




# Cuyahoga County



## CUYAHOGA COUNTY BASED BUSINESS (CCBB)

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## CUYAHOGA COUNTY ECONOMIC INCLUSION (CCBEIP) PROGRAM

**Department of Equity and Inclusion**

## IMPORTANT INFORMATION FOR APPLICANT

### Cuyahoga County Business Based (CCBB)

Cuyahoga County pursuant to Ordinance No. 02012-0020 dated November 27, 2012, approved the Cuyahoga County Based Business (CCBB) Preference Program.

The following standards will be used by the Cuyahoga County Business Based Preference Program to determine eligibility for certification as a Cuyahoga County Based Business.

A business applying for certification as a Cuyahoga County Based Business must meet the following standards:

a) The business must demonstrate that its principal place of business has been located in Cuyahoga County for at least three (3) years as registered in official documents filed with the Secretary of State of Ohio or the Cuyahoga County Fiscal Office. If one party to a joint venture has its principal place of business in Cuyahoga County, the joint venture shall be considered as having its principal place of business in Cuyahoga County: or

b) The business must be a business organization with a "significant economic presence" in Cuyahoga County. For purpose of this program,

"Significant economic presence" means a business organization that has for at least three years

- i. Had a sales office, division, sales outlet or manufacturing facility in Cuyahoga County; and
- ii. Pays required taxes to Cuyahoga County; and
- iii. Has an annual gross payroll in Cuyahoga County of at least \$100,000.00.

### Cuyahoga County Business Economic Inclusion Preference (CCBEIP)

Cuyahoga County pursuant to Ordinance No. 02016-0007 dated April 27, 2016, approved the Cuyahoga County Business Economic Inclusion (CCBEIP) Program.

The following standards will be used by the Cuyahoga County Diversity Program to determine eligibility for certification as a Cuyahoga County Business Economic Inclusion.

A business applying for certification must meet **one of the following** standards:

- a) The business must demonstrate that they have used a Minority Business Enterprise and/or a Female Business Enterprise in at least three (3) projects within the past two years.
- b) The business must demonstrate that it hires and employed a diverse workforce based on payroll records within the past two years.

Once completed, return the application and all supporting documentation to the following address:

Cuyahoga County  
Department of Equity and Inclusion  
2079 East 9<sup>th</sup> St. 2<sup>nd</sup> fl.  
Cleveland, Ohio 44115

216/443-7230 Office Phone  
216/443-7206 Office Fax  
<https://opd.cuyahogacounty.us/>

## GENERAL INFORMATION

### ***Contact Information***

1.) Legal Name of Business:		
2.) Other names used by Business:		
3.) Address of Company: <i>(No. P.O. Box)</i>		
4.) City:	5.) State:	6.) Zip Code:
7.) Other Business Locations: <i>(If Different from above):</i>		
8.) City:	9.) State:	10.) Zip Code:
11.) E-mail Address:	12.) Office Phone:	13.) Fax Number:
13a.) Name and Title of Person who can answer questions about the business:	Name:	Title:

### ***Business Profile***

14.) Type of Business:	(check one)	Number of Employees
Construction	—	_____
Commodity Providers	—	_____
Business Services	—	_____
Architect & Engineering	—	_____
Professional Services	—	_____
Other	—	_____
15.) Federal Tax ID/Social Security No:		16.) Date Company was established:
17.) Briefly describe products and/or services provided:		
_____		
_____		
_____		
18.) Indicate whether:	(check one)	
A. Sole Proprietorship	—	Date Established _____
B. Partnership	—	Date of Agreement _____
C. Corporation	—	Date of Incorporation _____
D. Limited Liability Company	—	Date of Approval _____
E. Other, Please Describe	—	Date Established _____

## Cuyahoga County Based Business

1. Is your main business office in Cuyahoga County? YES\_\_\_\_\_ NO\_\_\_\_\_
2. Are you currently a Cuyahoga County certified Small Business Enterprise (SBE), Minority Business Enterprise (MBE) or Women Business Enterprise (WBE)? YES\_\_\_\_\_ NO\_\_\_\_\_
3. Please provide the following information for the past three (3) years:

Year	Address of principal place of business as filed with the Secretary of State or Cuyahoga County Fiscal Office (city, state, zip) <b>Please provide evidence. (example, lease, renters agreements or property taxes)</b>	For each year listed, indicate whether or not your company had a sales office, division, sales outlet or manufacturing facility in Cuyahoga County (Yes or No)	For each year listed, indicate whether or not your company paid the required taxes to Cuyahoga County (Yes or No)	For each year listed, please provide your <b>annual gross payroll</b> in Cuyahoga County (\$) <b>Please provide evidence (examples, worker's comp Payroll report confirmation or certified payroll)</b>

If you do not qualify for the above, you might want to see if your business can be considered as a diverse economic inclusion business by filling out the table below and if not considered to be diverse you would be notified to present your action plan:

## Cuyahoga County Business Economic Inclusion

Please provide the following information for the past two (2) years:

<b>Year</b>	The business must demonstrate that they have used on a contract Minority Business Enterprise and/or a Female Business Enterprise in at least three (3) projects within the past two years. <b>Please provide evidence. (examples: copies of contracts, purchase orders or invoices)</b>

<b>Levels</b>		<b>Total</b>	<b>Black Americans</b>	<b>Hispanic Americans</b>	<b>Asian Pacific Americans</b>	<b>Asian Indian American</b>	<b>Native American</b>
Executive Senior Level	M						
	F						
Officials and Managers	M						
	F						
Professional	M						
	F						
Technicians	M						
	F						
Sales Workers	M						
	F						
Office & Clerical Workers	M						
	F						
Crafts Workers	M						
	F						
Operatives	M						
	F						
Laborers	M						
	F						
Service Workers	M						
	F						
Other _____	M						
	F						

Total Employees: \_\_\_\_\_; FT: \_\_\_\_\_, PT: \_\_\_\_\_, Seasonal: \_\_\_\_\_, 1099: \_\_\_\_\_, Self-Perform \_\_\_\_\_

**Certified payroll must be submitted with this section demonstrating the above information. If certified payroll does not include employees' race/ethnicity/gender, then also submit a spreadsheet detailing employees' name and race/ethnicity/gender.**

**AFFIDAVIT**

You may make as many copies of the blank affidavit as you need. A signed affidavit with original signature must accompany each application.

The undersigned swears that the foregoing statements made as part of this application are true and correct and includes all material information necessary:

- 1. To identify and explain the operations of (Name of Company)\_\_\_\_\_
- 2. To identify the ownership thereof; and
- 3. To establish their eligibility for certification as a:
  - \_\_\_\_ Cuyahoga County Based Business Program
  - \_\_\_\_ Cuyahoga County Busines Economic Inclusion Program

Further, the undersigned agrees to provide directly to Cuyahoga County Department of Equity and Inclusion any and all information and materials as may be required to substantiate the elegibility of this business for this certification and the ownership and control by the \_\_\_\_\_ of the company. This includes complete cooperation with the Department of Equity and Inclusion, and allowing the examination of books, records and files of the named company at the business location or at any other place. I understand any material misrepresentation will be grounds for terminating any contract which may be awarded and for imposing sanctions under federal, state or local laws concerning false statements. Please note that the information provided with this application may be subject to such laws.

If after filing this document there is any change (during the ensuing year) in the information submitted herein, the undersigned will inform the Department of Equity and Inclusion immediately of the change(s).

**NOTARIZATION:** (Sign only in the presence of a Notary Public)

Signature: \_\_\_\_\_

Name (print):\_\_\_\_\_

Title:\_\_\_\_\_

Date:\_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared  
(Name)\_\_\_\_\_ that he or she was properly authorized by  
(Name of Firm)\_\_\_\_\_, to  
execute the Affidavit and did so as his or her free act and deed.

Name (notary)(print)\_\_\_\_\_

Signature of Notary\_\_\_\_\_

(Seal) Notary Public\_\_\_\_\_ My Commission Expires\_\_\_\_\_