

# Small Business Enterprise Program Registration & Roster Enrollment

## Registration Does **NOT** Pre-Approve You

*(The City may use this information to develop bid lists, contract lists and reports. Prime contractors may use the system to seek sub-contractors. We also invite companies to apply for our Consultant, A&E and Small Works Rosters. Woman/Minority/Disadvantaged owned businesses are encouraged to apply).*

## About the Program:

The City of Tacoma's Small Business Enterprise Program (SBE) offers contracting opportunities to qualified firms interested in doing business with the City. The SBE program maintains a growing data base of qualified small business concerns listed as vendors, suppliers, consultants and contractors with expertise in over 45 construction and non-construction categories. Through our evaluated bid process, a City of Tacoma SBE company has a greater opportunity to receive a direct contract with the City of Tacoma or a sub-contract with another successful bidder.

## Eligibility Criteria:

### Business / Address:

1. **Legal Business Name:** \_\_\_\_\_

2. **Doing Business As** (if different from above): \_\_\_\_\_

### Business Location:

3. **Street Address (NO P.O. Box)** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Company Phone Number:** (1) \_\_\_\_\_ **Co. Phone Number:** (2) \_\_\_\_\_  
(include area code) (include area code)

**Fax Number:** \_\_\_\_\_ **Company Web Site:** \_\_\_\_\_  
(include area code)

4. **Mailing Address** (if different from above): \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Information:**

5. **Contact Person (1):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Person (2):** \_\_\_\_\_ **Title:** \_\_\_\_\_

6. **Phone Number** (include area code): \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Owner(s) Profile:** (Please check all applicable boxes)

7. **Owner (1):** Male      Female      Ethnicity\*: \_\_\_\_\_ Veteran:      Disabled:

**Owner (2):** Male      Female      Ethnicity\*: \_\_\_\_\_ Veteran:      Disabled:

**Owner (3):** Male      Female      Ethnicity\*: \_\_\_\_\_ Veteran:      Disabled:

*\*Ethnicity Groups: a. Black Americans, b. Hispanic Americans, c. Native Americans, d. Asian-Pacific Americans, e. Subcontinent Asian Americans (additional information can be found in Appendix A.)*

**8. If applicant owns less than 100%, who owns remainder of interest:**

a. \_\_\_\_\_ %

b. \_\_\_\_\_ %

c. \_\_\_\_\_ %

9. **Owner's Name:** (List additional owners on separate sheet): \_\_\_\_\_

10. **Residence Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

11. **Telephone #:** \_\_\_\_\_ (include area code)

12. **When did this owner's ownership interest in this firm begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**13. How did the owner acquire this business?**

I started the business (When & Where): \_\_\_\_\_

\_\_\_\_\_

It was a gift from (Who, When, Where): \_\_\_\_\_

\_\_\_\_\_

I bought it from (Who, When, Where): \_\_\_\_\_

\_\_\_\_\_

I inherited it from (Who, When, Where): \_\_\_\_\_  
\_\_\_\_\_

It was a condition of a divorce settlement (When, Where): \_\_\_\_\_  
\_\_\_\_\_

It was a condition of a separation agreement (When, Where): \_\_\_\_\_  
\_\_\_\_\_

Other (Explain): \_\_\_\_\_  
\_\_\_\_\_

**14. What is the owner's current marital status?**

Unmarried (*single*)      Separated \_\_\_/\_\_\_/\_\_\_\_      Divorced \_\_\_/\_\_\_/\_\_\_\_  
Married \_\_\_/\_\_\_/\_\_\_\_      Widowed \_\_\_/\_\_\_/\_\_\_\_

**15. Spouse's name:** \_\_\_\_\_

**16. Spouse's Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**17. Does owner or spouse have an ownership interest in another business?** Yes      No  
If yes, please complete the following:

	1	2	3
<b>18. Name of Owner(s) or Spouse(s):</b>	_____	_____	_____
<b>19. Firm Name</b>	_____	_____	_____
<b>20. Nature of other ownership interest:</b>	_____	_____	_____
<b>21. Type of business:</b>	_____	_____	_____
<b>22. Relationship to applicant business:</b>	_____	_____	_____
<b>23. Percent of the business owned:</b>	_____	_____	_____

**Business Classification / Other Information:**

**24. Structure of Business:** Sole Proprietorship:      Corporation:      Partnership:

**25. Date Business Started:** \_\_\_\_\_

**26. City of Tacoma Business License:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**27. Washington State Business License Number (UBI):** \_\_\_\_\_

**28. Federal Tax Identification Number:** \_\_\_\_\_

**29. Contractor/Professional Business License Number:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**30. Contracting Type:**

- Architectural / Engineering: \_\_\_\_\_
- Construction: \_\_\_\_\_
- Goods and Services: \_\_\_\_\_
- Professional Consulting: \_\_\_\_\_
- Technical Consulting: \_\_\_\_\_

**31. Average Number of Employees:** \_\_\_\_\_

**32. Company Description:** \_\_\_\_\_

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**33. North American Industry Classification System (NAICS) Code(s):**

- Primary NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_  
\_\_\_\_\_
- Secondary NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_  
\_\_\_\_\_
- Additional NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_  
\_\_\_\_\_
- Additional NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_  
\_\_\_\_\_
- Additional NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_  
\_\_\_\_\_

**34. Current Federal / State / Local Certifications:**

Federal – DBE/SBE: Certification Number: \_\_\_\_\_

SBA - HUB Zone Certification Number: \_\_\_\_\_

SBA - 8A: Certification Number: \_\_\_\_\_

HUD - Section 3: Certification Number: \_\_\_\_\_

State – WBE: Certification Number: \_\_\_\_\_

State – MBE: Certification Number: \_\_\_\_\_

State - W/MBE: Certification Number: \_\_\_\_\_

**Local Municipal Government Certification**

Pierce County: Certification Number: \_\_\_\_\_

King County: Certification Number: \_\_\_\_\_

Port of Tacoma: Certification Number: \_\_\_\_\_

Port of Seattle: Certification Number: \_\_\_\_\_

City of Seattle: Certification Number: \_\_\_\_\_

Tacoma Public Schools: Certification Number: \_\_\_\_\_

Metro Parks: Certification Number: \_\_\_\_\_

Puyallup Nation: Certification Number: \_\_\_\_\_

Other: \_\_\_\_\_: Certification Number: \_\_\_\_\_

Other: \_\_\_\_\_: Certification Number: \_\_\_\_\_

Other: \_\_\_\_\_: Certification Number: \_\_\_\_\_

**35. Contract Size Firm is Capable of Performing:** *(select only one)*

Up to \$5,000      \$5000 - \$25,000      \$25,000 - \$50,000      \$50,000 - \$100,000

\$100,000 - \$500,000      \$500,000 - \$1,000,000      More than \$1,000,000

**36. Is this business organized for profit:**      Yes      No

**37. Has the business operated under another name:**      Yes      No

If yes, please provide the following information: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Former Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

**38. Has the company or its owner previously applied to this office for certification:**

Yes      No

If yes, under what name? \_\_\_\_\_

**39. Has this company attempted to do business in Pierce County?**      Yes      No

If yes, please provide the following information: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Public sector:**

**Private Sector:**



**Secondary Bank, if applicable:**

**Bank name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number (include area code):** \_\_\_\_\_

**47. Who has the authority to sign checks?**

a). \_\_\_\_\_  
Name Title

b). \_\_\_\_\_  
Name Title

c). \_\_\_\_\_  
Name Title

**Company Independence:**

**48. Does this firm share any of the following with other firms? (Check Yes or No for each item)**

Employees	Yes	No	Inventory:	Yes	No
Owners:	Yes	No	Insurance Coverage:	Yes	No
Financing:	Yes	No	Accounting Services:	Yes	No
Equipment:	Yes	No	Legal Services:	Yes	No
Vehicles:	Yes	No	Office Facilities:	Yes	No
OTHER: _____			Storage Facilities:	Yes	No

**49. Explain "Yes" answers in detail (use additional pages, if needed):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**50. List the major equipment and vehicles in which the business currently has ownership on a lease or loan interest:** *(use additional pages if necessary)*

Type of interest: *(own, lease or loan)* \_\_\_\_\_

\_\_\_\_\_

Type of equipment or vehicle(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Year & make of vehicle(s): \_\_\_\_\_

\_\_\_\_\_

Location of vehicle(s): \_\_\_\_\_

\_\_\_\_\_

Approximate value(s): \_\_\_\_\_

\_\_\_\_\_

License(s) and Serial Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lessor: \_\_\_\_\_

\_\_\_\_\_



# Appendix A

## \*Race and Ethnicity Definitions

The basic racial and ethnic categories for Federal statistics and program administrative reporting are defined as follows:

- a. **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition.
- b. **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- c. **Black.** A person having origins in any of the black racial groups of Africa.
- d. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- e. **White.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

*To provide flexibility, it is preferable to collect data on race and ethnicity separately. If separate race and ethnic categories are used, the minimum designations are:*

- a. **Race:**
  - American Indian or Alaskan Native
  - Asian or Pacific Islander
  - Black
  - White
  
- b. **Ethnicity:**
  - Hispanic origin
  - Not of Hispanic origin

*(The category which most closely reflects the individual's recognition in his community should be used for purposes of reporting on persons who are of mixed racial and/or ethnic origins.)*

**Civil rights compliance reporting:** The categories specified above will be used by all agencies in either the separate or combined format for civil rights compliance reporting and equal employment reporting for both the public and private sectors and for all levels of government.

# Form A

## STATEMENT OF PERSONAL NET WORTH (Owner)

Each Owner claiming social and economic disadvantage status must complete this form. **Each spouse of each Owner should complete a separate form.** Use attachments if the space provided is not sufficient.

Personal Financial Statement as of \_\_\_\_\_, 20\_\_\_\_\_.

ASSETS*	LIABILITIES**
Cash on hand \$ _____	Accounts Payable \$ _____
Checking Accounts \$ _____	Notes Payable \$ _____
Savings Accounts \$ _____	Real Estate Mortgages (Section 4) \$ _____
Retirement Accounts \$ _____	Other Liabilities (Section 5) \$ _____
Notes Receivable \$ _____	
Life Insurance – Cash Surrender Value Only (Section 3) \$ _____	
Stocks & Bonds (Section 2) \$ _____	
Real Estate (Section 4) \$ _____	
Vehicles (Section 3) \$ _____	
Other Personal Property (Section 3) \$ _____	
Other Assets (Section 3) \$ _____	
<b>TOTAL ASSETS</b> \$ _____	<b>TOTAL LIABILITIES</b> \$ _____
<b>NET WORTH</b> \$ _____	

Section 1. Source of Income	
Amount	Separate / Community / Joint Ownership <small>(Circle One)</small>
Salary (monthly) \$ _____	
Net Investment Income \$ _____	
Real Estate Income \$ _____	
Other Income (identify below) \$ _____	

# Form A (Owner)

Section 2. Stocks and Bonds		
No. of Share(s)	Name of Securities	Current Market Value
		\$
		\$

Section 3. Other Personal Property (e.g., household furnishings, jewelry, artwork) and Other Assets (inventory of individual items are not required).*, **	
Description of Item	Current Fair Market Value
	\$
	\$
	\$
	\$
	\$
	\$

\* Identify any joint or community property interest

\*\* Do not include any contingent liabilities

Section 4. Real Estate			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Current Market Value	\$	\$	\$
Current Mortgage Balance	\$	\$	\$

Section 5. Other Liabilities	
Description	Current Balance Owed
	\$
	\$

I hereby certify that I have made no transfers of assets during the two years immediately preceding the date of this statement, except as follows:

Description of Asset	To whom transferred & relationship to transferee	Purpose of Transfer	Date of Transfer	Value of Asset at time of transfer	Consideration received for transfer
				\$	
				\$	
				\$	

I hereby authorize The City of Tacoma Small Business Enterprise to make inquiries as necessary to verify the accuracy of the information contained herein, as well as the documents submitted with this statement for purposes of determining my status as an economically disadvantaged person in accordance with Ordinance No. 26726. The information provided and the statements contained herein are true and correct to the best of my information and belief.

\_\_\_\_\_

**Owner Signature** **Date**

# Form B

## STATEMENT OF PERSONAL NET WORTH (Spouse)

Each Owner claiming social and economic disadvantage status must complete this form. **Each spouse of each Owner should complete a separate form.** Use attachments if the space provided is not sufficient.

Personal Financial Statement as of \_\_\_\_\_, 20\_\_\_\_\_.

ASSETS*	LIABILITIES**
Cash on hand \$ _____	Accounts Payable \$ _____
Checking Accounts \$ _____	Notes Payable \$ _____
Savings Accounts \$ _____	Real Estate Mortgages (Section 4) \$ _____
Retirement Accounts \$ _____	Other Liabilities (Section 5) \$ _____
Notes Receivable \$ _____	
Life Insurance – Cash Surrender Value Only (Section 3) \$ _____	
Stocks & Bonds (Section 2) \$ _____	
Real Estate (Section 4) \$ _____	
Vehicles (Section 3) \$ _____	
Other Personal Property (Section 3) \$ _____	
Other Assets (Section 3) \$ _____	
<b>TOTAL ASSETS</b> \$ _____	<b>TOTAL LIABILITIES</b> \$ _____
<b>NET WORTH</b> \$ _____	

Section 1. Source of Income	
Amount	Separate / Community / Joint Ownership <small>(Circle One)</small>
Salary (monthly) \$ _____	
Net Investment Income \$ _____	
Real Estate Income \$ _____	
Other Income (identify below) \$ _____	

# Form B (Spouse)

<b>Section 2. Stocks and Bonds</b>		
No. of Share(s)	Name of Securities	Current Market Value
		\$
		\$

<b>Section 3. Other Personal Property (e.g., household furnishings, jewelry, artwork) and Other Assets (inventory of individual items are not required).*, **</b>	
Description of Item	Current Fair Market Value
	\$
	\$
	\$
	\$
	\$
	\$

\* Identify any joint or community property interest      \*\* Do not include any contingent liabilities

<b>Section 4. Real Estate</b>			
	Property A	Property B	Property C
<b>Type of Property</b>			
<b>Address</b>			
<b>Date Purchased</b>			
<b>Current Market Value</b>	\$	\$	\$
<b>Current Mortgage Balance</b>	\$	\$	\$

<b>Section 5. Other Liabilities</b>	
Description	Current Balance Owed
	\$
	\$

I hereby certify that I have made no transfers of assets during the two years immediately preceding the date of this statement, except as follows:

Description of Asset	To whom transferred & relationship to transferee	Purpose of Transfer	Date of Transfer	Value of Asset at time of transfer	Consideration received for transfer
				\$	
				\$	
				\$	

I hereby authorize The City of Tacoma Small Business Enterprise to make inquiries as necessary to verify the accuracy of the information contained herein, as well as the documents submitted with this statement for purposes of determining my status as an economically disadvantaged person in accordance with Ordinance No. 26726. The information provided and the statements contained herein are true and correct to the best of my information and belief.

\_\_\_\_\_

**Owner Signature****Date**