

CERTIFICATION APPLICATION



State of Indiana
Department of Administration
Minority and Women's Business Enterprises Division
Indiana Government Center South
402 W. Washington Street, Rm. W469
Indianapolis, IN 46204-2744
www.in.gov/idoa/minority
(317) 232-3061



City of Indianapolis
Division of Equal Opportunity
City-County Building
200 E. Washington Street, Suite 1501
Indianapolis, IN 46204
<http://www.indygov.org/doa/deo.htm>
(317) 327-5262

MEMORANDUM OF UNDERSTANDING

Between the Indiana Department of Administration and the City of Indianapolis

WHEREAS the Indiana Department of Administration, Minority and Women's Business Enterprises Division is authorized to identify and certify minority and women's business enterprises and to maintain a central certification file; and

WHEREAS the City of Indianapolis is authorized to identify and certify minority and women's business enterprises for City of Indianapolis projects and to maintain a central certification file; and

WHEREAS in order to provide an efficient and reasonable procedure for the certification of minority and women's business enterprises, the parties desire to enter into an understanding concerning the reciprocity procedure by which each shall receive and utilize information submitted by applicants to either organization.

NOW THEREFORE the parties agree as follows:

1. Initial certification will require that the following information be sent as requested by any other party for their review and assessment:
 - a. Certification Applications
 - b. Birth Certificate or Ethnic Documentation
 - c. Certification / Denial Letter
 - d. Documentation of Initial Contribution
 - e. Lease Agreement [1st page and signature page(s)]
 - f. Onsite Review Report
2. Copies of onsite reviews shall be dispersed to the other parties as requested.
3. Copies of recertification applications shall be provided to the parties upon issuance.
4. Each party may request from the other parties such additional information provided by applicants and as would be otherwise available as a public document. Tax papers and financial records are not shared.

This Memorandum of Understanding between the State of Indiana and the City of Indianapolis does **not** infer that any party is required to accept the decision of any other party to this Memorandum or that any party is authorized to make decisions for any other party hereto. ***Each party retains all rights and responsibilities under their authorizing documents to make independent decisions on applications.*** This Memorandum is executed solely for the purpose of providing for reciprocity of information and application forms utilized by applicants for certification by any party.

APPLICATION FOR CERTIFICATION

INSTRUCTION BOOKLET

This booklet is designed to assist in completing the MBE/WBE Application for Certification. Please refer to the question number and the number corresponding to it in this booklet. **Questions that do not apply to your firm should be marked N/A in the space provided. All questions must be answered and the requested documents submitted to the department along with the application. Failure to do this will delay the processing of the application.** Failure to answer all questions and/or submit all documentation will result in your application being returned to you.

If you have additional information that is not requested in the application but will help prove that your firm is eligible, please attach this information to your application.

Please return the completed application to the appropriate address below:

Indiana Department of Administration
Minority and Women's Business Enterprises Division
402 W. Washington Street, Rm. W469
Indianapolis, Indiana 46204

City of Indianapolis
Division of Equal Opportunity
200 E. Washington Street, Suite 1501
Indianapolis, IN 46204

Statement and Purpose

The Indiana Department of Administration and the City of Indianapolis have developed a certification application to determine whether your firm is eligible for certification and contracting programs. To qualify as a Minority Business Enterprise (MBE) or a Women Business Enterprise (WBE), your firm must meet the eligibility standards established by the certifying agency, a copy of which is attached. You are strongly encouraged to familiarize yourself with these regulations before submitting your application. Instructions for completing this application are attached.

We urge you to take advantage of city and state contracting opportunities offered under this program by filling out the attached application. If you need assistance, or have questions regarding completion of the application, please contact the appropriate office listed in this document.

Upon receipt of the completed Application for Certification, the Department will evaluate the information submitted to determine compliance with the criteria. **It is, therefore, imperative that your application and any attached documentation provide evidence of the ownership and control of your firm.** You must also show that your firm has the resources necessary to perform the work you indicated. Only those firms which have been certified under this process can be considered for participation in both or one of the MBE and WBE programs.

To ensure a timely review of your application, you must answer all questions and submit all requested documentation. If your firm was established in the past 2 years, and portions of the application do not seem applicable, please place (N/A) on the questions that do not apply. Failure to complete portions of the application and to submit the requested documentation will delay the certification process. *The effort you make in submitting a complete application, the documentation requested and any other documentation that will help prove your firm meets the eligibility standards will decrease the amount of processing time.*

Since it is intended to prevent abuse of the program, the application is in the form of a **SWORN AFFIDAVIT**. The information requested is for certification purposes only and will be kept confidential to the extent allowed by law. Some portions of the certification application and/or documentation may be released under the Freedom of Information Act. **ANY FALSE INFORMATION SUBMITTED BY APPLICANTS WILL BE CONSIDERED AS GROUNDS FOR DENIAL/DECERTIFICATION AND FOR PROSECUTION.**

Right of Refusal

Firms located outside of Indiana must be certified by their home state prior to certification consideration. Each state shall have the right to refuse certification of a firm despite the fact that said firm may be certified. Also, the Indiana Department of Administration and the City of Indianapolis have the right to make independent decisions as they deem necessary.

Instructions For Completing Application For Certification

All companies wishing to be certified through our agency must obtain a Business Registration Number (BRN). Applications without a BRN can not be processed. To obtain your BRN visit the following website: <http://www.in.gov/idoa/opportunityIN/>. Problems and/or questions can be directed to (317) 234-3542 during normal business hours

Question 1

Name of firm (DBA, if appropriate). Also attach a copy of your assumed business name certificate.

Question 2

Main address of firm. This should be the address of the main or corporate offices. P.O. Box numbers alone are not acceptable. Additional offices should be listed on a separate attachment.

Question 3

Person or persons whom the department can contact for answers to questions about the application.

Question 4

Main business telephone number including area code, facsimile and e-mail.

Question 5 (A and B)

- A. Place an "X" in the space in front of the type of firm which is applying for certification.
 - Provide copies of the original and all amended partnership agreements obtained from the appropriate governmental agency.
 - Provide copies of all stock certificates issued, including all cancelled certificates.
- B. The average number of full-time employees hired during the year.

Question 6 (A through C)

- A. Date *firm* established.
- B. Date when current owners purchased the majority ownership of the firm.
- C. Answer question as indicated.

Question 7

If space is insufficient to identify previous firm names used, attach a separate sheet which includes all business names previously used by any owner, partner or stockholder who has at least 5 percent ownership in the firm applying for certification.

Question 8 (A through E)

- A. Provide information requested.
- B. If certified as SBA 8a, attach a copy of the certification.
- C. If firm is certified by other governmental agencies, attach a copy of certification(s).
- D. If firm is certified by other governmental agencies, attach a copy of certification(s).
- E. Answer questions as indicated.

Question 9 (A through C)

The detailed work resume should include, but not be limited to:

The various jobs or positions of each owner in the past and to date, the general description of his/her duties and responsibilities and the dates of employment or ownership. Where applicable, former education should be included.

- A. After completing the personal information requested on each owner, place an "X" on those lines that apply to the individual. You should attach copies of one of the following documents which will prove your membership in the ethnic group you marked "X".
 - Membership letter or certificate of an ethnic organization
 - Tribal certificate
 - Bureau of Indian Affairs card
 - Birth Certificate
 - Passport
 - Armed Service discharge papers or other appropriate documentation
 - Baptismal Certificate
 - Any other documentation that provides evidence of your ethnicity

For proof of citizenship, submit copies of a Birth Certificate, Voter's Registration Card, Armed Services Discharge Papers or other appropriate documentation that validates the response.

For proof of legal permanent resident status, submit the document which includes Registration number. This proof is required. Attach proof of the initial investment in the firm (*dollars, real estate and equipment*), on behalf of each of the owners.

- B. This section must be filled in completely and if the officer is not an owner identified in item 9A, a work resume must be included (*see item 9A for what the resume should include*).
- C. This section must be filled in completely and if the number of directors are more than four, attach a separate sheet of paper with the other names and the requested information (*see item 9A for what the resume should include*).

Question 10 (A through I)

List individuals responsible for the management areas indicated, If more than one, please indicate. Work resumes must be included (*see item 9A for what the resume should include*). Be sure to include work resumes for your field superintendents.

Instructions For Completing Application For Certification (*continued*)

Question 11 (A & B)

- A. Provide information as requested.
- B. List those persons in your firm who are currently working for any other business which has a relationship with this firm, whether on a full-time or part-time basis as an owner, partner, shareholder, advisor, consultant or employee.

Question 12 (A through E)

- A. Provide information as requested. If more than one individual or company, please indicate. This would include any firm or person who provides any type of management or technical services who is not an employee of this firm. If additional space is needed, attach a separate sheet.
- B. Provide information requested.
- C. Provide information requested.
- D. Provide information requested on those firms which have extended your firm credit, or signed letters from them indicating their willingness to extend your firm credit.
- E. Provide information requested.

Question 13

Provide a separate listing of owned equipment and a separate listing of leased equipment. Copies of the state registration cards and titles must be provided for all cars, trucks and other vehicles that require state registration/licensing. Copies of documentation of ownership for all equipment owned must be attached. A copy of the current executed leases for automotive equipment must be attached. A copy of the current leases for office space, storage space, parking space and any other spaces must be attached.

Question 14 (A through D)

- A. Provide information as requested. Provide copy of the signed Corporate Bank Resolution(s) and/or bank account(s) signature card(s).
- B. Provide a signed statement from your bonding agent that verifies your bonding limits.
- C. Provide information as requested.
- D. Provide information as requested.

Question 15

Submit copies of required information. Be sure to identify the individual's name or firm that the license is issued to. If trucking is an area identified, an Interstate or Intrastate Authority is required. Provide a copy of the Authority.

Question 16

Provide information as requested. You must provide a copy of all denial and decertification letters received.

Question 17 (A through C)

- A. Provide gross amount earned for each of last three years.
- B. Provide information on the work that your firm has completed in the past three years or for the length of time the firm has been in business.
- C. Provide information on the projects your firm is currently working on.

Question 18

Provide names and signatures of partners who have authority to execute contracts.

Question 19 (A through D)

If you are a supplier, provide the information requested. If not, mark n/a.

Question 20 (A and B)

- A. List the products / services which you provide and are seeking certification.
- B. Provide the UNSPSC (United Nations Standard Products & Services Code) for the products / services for which you are seeking certification. You may obtain these codes by visiting <http://www.unspsc.org/>. You may browse and download the current version of the code and audit files at no cost.

Question 21

Companies applying for certification must be registered with the State of Indiana Secretary of State's office. Their telephone number is 317-232-6576.

Question 22

Indicate which region of the state you prefer to work in (*see attached map*).

Question 23

Select your type of business by marking with an "X".

Question 24 and 25

Answer as indicated.

Affidavit

The Affidavit must be signed by the President or Chief Executive Officer of the firm and the Corporate Seal affixed to it. The Affidavit must also be notarized. False statements shall make your firm subject to decertification or denial of future certification. For a not-for-profit organization, the highest ranking officer must sign the affidavit.



APPLICATION FOR CERTIFICATION

State Form 46250 (R9 / 1-11)

** Questions that do not apply to your firm should be marked N/A in the space provided. All questions must be answered and the requested documents submitted to the department along with the application. Failure to do this will delay the processing of the application.

NOTE: If after filing this application, and prior to the expiration of your certification, there is any change in the ownership and/or management of this firm, you must submit a new Application for Certification to your home state.

Indicate which one your firm is capable and willing to seek contracting opportunities with
 State of Indiana City of Indianapolis Gaming Commission (Casinos)

Bidder registration number (must be provided)
Check which type of program you are interested in
 Minority Business (MBE) Women Business Enterprise (WBE)

1. Authorized name of firm

2. Street address of firm (P.O.Box number alone is not acceptable)

Mailing address of firm City County State ZIP code

3. Name of contact person 4A. Business telephone ()

4B. Facsimile 4C. E-mail

5A. Type of firm Sole Proprietorship Partnership Corporation Other: _____
If firm is a partnership, copies of all partnership agreements and the assumed name certificate must be attached (if applicable).
If firm is a corporation, Articles of Incorporation, copies of stock certificates (both sides), Shareholders' Agreement, all minutes of the shareholders' meetings and Board of Directors' meetings, the Corporate Bylaws and Bylaws Amendments, the Corporate Bank Resolution and/or Bank Signature Cards must be attached. See the attached Certification Documentation Checklist for more detail.

B. What is the number of the firm's annual full-time work force?

6A. Date business was established (month, day, year) B. Date current owner(s) purchased the majority ownership of the firm (month, day, year) C. Has your firm applied for reorganization under Chapter 11, and/or liquidation under Chapter 7, within the last 3 years?
 Yes No

7. Has your company applied for certification in the past? If so, list the names that have been used previously
 Yes No

8. Identification Numbers and Certification:
A. Federal Identification number B. Are you an SBA 8a certified business?
 Yes No If Yes, attach a copy of Certification C. Is this firm currently certified as a DBE, MBE or WBE with its own state?
 Yes No If Yes, attach a copy of Certification

D. If you are certified as a DBE, MBE, or WBE by any other federal, state or local agency, please attach a copy of your certifications. E. Has this firm's home state conducted an on-site visit within the last year?
 Yes No

9. Ownership (work experience resumes of each person must be attached)
A. Identify all individuals or holding companies and list their cash, equipment and/or real estate investment in the firm; and attach the documentation of the source of these investments. (If additional space is required, submit an attached sheet)

Name		Home telephone number ()	
Home address (street and number)		City	State ZIP code
Sex (gender) <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other (explain)	Initial investment to acquire ownership interest in firm:	
Number of years owned	<input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial	Type	Dollar Value
Percentage owned %		Dollars	\$
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal permanent resident (submit proof of status) <input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate
		Equipment	\$

Name		Home telephone number ()	
Home address (street and number)		City	State ZIP code
Sex (gender) <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other (explain)	Initial investment to acquire ownership interest in firm:	
Number of years owned	<input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial	Type	Dollar Value
Percentage owned %		Dollars	\$
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal permanent resident (submit proof of status) <input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate
		Equipment	\$

9A. Ownership (continued)

Name		Home telephone number ()	
Home address (street and number)		City	State ZIP code
Sex (gender) <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other (explain) <input type="checkbox"/> Caucasian _____ <input type="checkbox"/> Multi-Racial _____		Initial investment to acquire ownership interest in firm:
Number of years owned			Type Dollar Value
Percentage owned _____ %			Dollars \$
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal permanent resident (submit proof of status) <input type="checkbox"/> Yes <input type="checkbox"/> No		Real Estate \$
			Equipment \$

Name		Home telephone number ()	
Home address (street and number)		City	State ZIP code
Sex (gender) <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other (explain) <input type="checkbox"/> Caucasian _____ <input type="checkbox"/> Multi-Racial _____		Initial investment to acquire ownership interest in firm:
Number of years owned			Type Dollar Value
Percentage owned _____ %			Dollars \$
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal permanent resident (submit proof of status) <input type="checkbox"/> Yes <input type="checkbox"/> No		Real Estate \$
			Equipment \$

B. Identify officers (work experience resumes of each person must be attached). If additional space is required, submit an attached sheet.

Name	Title	Ethnicity	Gender	Date Appointed

C. Identify current Board of Directors (work experience resumes of each person must be attached). If additional space is required, submit an attached sheet.

Name	Title	Ethnicity	Gender	Date Appointed

10. Indicate management personnel who control the firm in the following areas. (Attach work experience resumes, including dates of employment at each company, for each person). If more than two persons, please attach a separate sheet.

A. Financial Decision: (responsibility for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)

Name	Title	Ethnicity	Gender

B. Estimating: (cost estimates, bid preparation or negotiations)

Name	Title	Ethnicity	Gender

C. Hiring/firing of management personnel:

Name	Title	Ethnicity	Gender

D. Field/Production Operations Supervisor: <i>(site supervision/scheduling, project management services)</i>			
Name	Title	Ethnicity	Gender

E. List all field supervisors:			
Name	Title	Ethnicity	Gender

F. Contract signature authority: <i>(contract execution, bid submission)</i>			
Name	Title	Ethnicity	Gender

G. Office management:			
Name	Title	Ethnicity	Gender

H. Marketing/Sales:			
Name	Title	Ethnicity	Gender

I. Purchasing of major equipment:			
Name	Title	Ethnicity	Gender

11A. Do any of the people listed in questions 9 and 10 perform a management or supervisory function for any other business? Yes No If Yes, identify the person, their title, business and the person's function.

B. Do any of the persons listed in questions 9 and 10 own or work for other firms which have a business relationship with yours? *(Relationships include: ownership interest, shared office space, financial investments, equipment leases or personnel sharing.)* Yes No If Yes, identify the firm, the person and the business relationship.

12. Identify persons or firms who provide the following services:

A. External management or technical/computer service

Name of firm	Name of person
Address	Telephone number ()

B. Accountant

Name of firm	Name of person
Address	Telephone number ()

C. Attorney

Name of firm	Name of person
Address	Telephone number ()

12D. Principal Suppliers:		
Name of firm	Name of person	
Address	Telephone number ()	
Materials or equipment supplied		
Name of firm	Name of person	
Address	Telephone number ()	
Materials or equipment supplied		

E. Identify those union(s), business or professional association(s) in which the owner(s) or management personnel have membership:		
Name of union, business or professional association		
Address	Telephone number ()	
Name of union, business or professional association		
Address	Telephone number ()	
Name of union, business or professional association		
Address	Telephone number ()	

13. Attach a list of construction equipment and/or vehicles in your possession or under your control (*indicate separately*) and a list of office equipment, office space (*owned or leased*) and storage space (*owned or leased*), including signed leasing agreements.

14. Financial Information:		
A. Provide the following banking information:		
Name of bank	Name of officer	
Address of bank	Telephone number ()	
B. If you have bonding capacity, identify the agent or broker and the bonding limit:		
Name of agent or broker	Bonding limit \$	
Address of agent or broker	Telephone number	

C. Provide copies of year end balance sheet and profit and loss (*income*) statements for the last three (3) years, or if a new business, provide a current balance sheet, a projected profit and loss statement for the next twelve (12) month period and a projected balance sheet for the end of that period.

D. Identify all sources, amount and purposes of money loaned to the firm, including name of person securing the loan, if other than owner. Provide copies of all loan agreements.

Name of Source	Address of Source	Amount
		\$
		\$
		\$

15. Current licenses (<i>e.g. contractor, engineer, architect, ICC, etc.</i>)			
Name of Individual or Firm	Name of License	Date of Expiration	License Number

20A. List type of work firm has performed or desires to perform under certification. (Be very thorough.)	B. Provide your firms UNSPSC codes for these services. (www.unspsc.org)
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21. Is your business registered with the Indiana Secretary of State's office? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide number
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22. Indicate which region(s) of the state you prefer to work in (see map)

23. Type of business <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Consultant <input type="checkbox"/> Supplier <input type="checkbox"/> Vendor <input type="checkbox"/> Service Professional <input type="checkbox"/> Service Organization
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FOR FIRMS WISHING TO DO BUSINESS WITH THE CITY OF INDIANAPOLIS

24. Indicate the trade in which your business is engaged. <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Supplier / Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service <input type="checkbox"/> Broker <input type="checkbox"/> Other: _____ <i>(Please indicate)</i>
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25. Does any principal in your firm, or the spouse of any principal, owe any money to the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No

AFFIDAVIT OF CERTIFICATION

The undersigned swears or affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____
(Name of company)
as well as the ownership thereof. Any misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

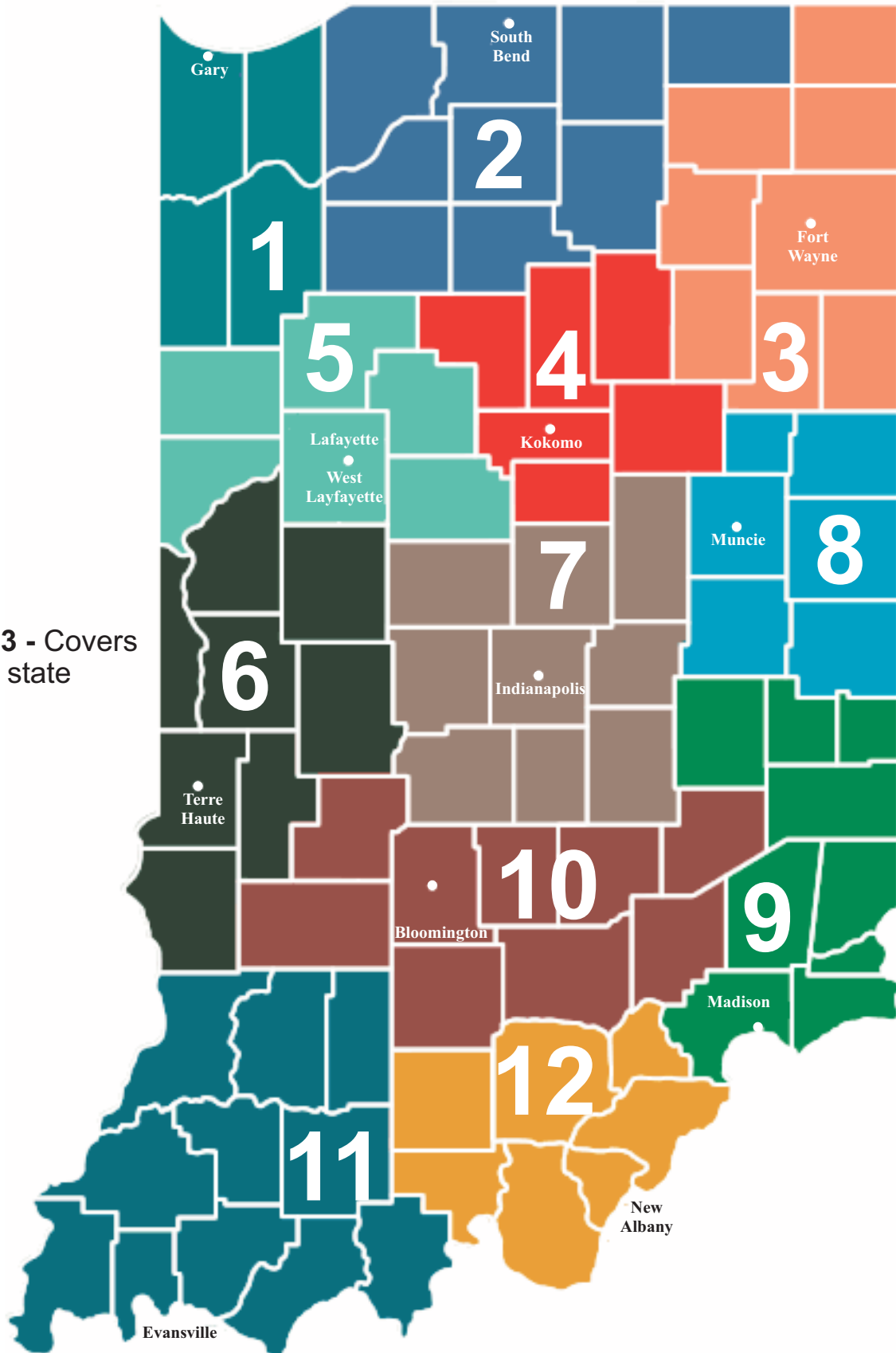
Signature of owner, officer or partner	Date signed (month, day, year)
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NOTARY CERTIFICATE

STATE OF _____ COUNTY OF _____	} SS: Subscribed and sworn to before me this _____ day of _____, 20_____.
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Signature of Notary Public	Printed or typed name of Notary Public
County of residence	Date commission expires

Region 13 - Covers the entire state



**Indiana Department of Administration
Minority and Women's Business Division
Certification Documentation Checklist**

Please verify that all required documents listed below are included with your application.

Name of company

ALL APPLICATIONS	
	U.S. Birth Certificate
	Driver's License
	U.S. Passport
	Work resumes of all owners
	Equipment List
	Professional License <i>(if required for your business operation)</i>
	List all active contracts
	Proof of company owned real estate / Lease documentation
	Titles or registration to any company owned vehicle

LEGAL STRUCTURE	
	Corporations S or C
	Prior year's Federal Corporation Tax returns, including 1120 sch. K-1, W'2's
	Notarized letter from a CPA. (The CPA letter can be found at www.in.gov/idoa/files/cpaletter.pdf .)
	Minutes of past three (3) years stockholders and board meeting
	Articles of Incorporation, and Amendments (with State stamp of Filing Certificate with State Seal)
	Copies of stock certificates issued (front and back) and stock ledger
	Corporate By-Laws
	Proof of Equity Contribution/Stock Purchase (receipts, both sides of canceled checks, bank statements, etc.)
	Notarized letter from a CPA (The CPA letter can be found at www.in.gov/idoa/files/cpaletter.pdf .)
	Corporate bank resolutions and bank signature cards
	Proof of Capital Invested (receipts, both sides of canceled checks, bank statements, etc.)
	Limited Liability Corporaton (LLC)
	Notarized letter from a CPA (The CPA letter can be found at www.in.gov/idoa/files/cpaletter.pdf .)
	Minutes of past three (3) years stockholders and board meeting
	Proof of Equity Contribution/Stock Purchase (receipts, both sides of canceled checks, bank statements, etc.)
	Prior year's Form 1040, Schedule C or E Tax returns
	Minutes of past three (3) years LLC Board meeting
	Articles of Organization and Amendments
	Operating Agreement
	Corporate bank resolutions and bank signature cards
	Proof of Capital Invested (receipts, both sides of canceled checks, bank statements, etc.)
	Partnership
	Notarized letter from a CPA (The CPA letter can be found at www.in.gov/idoa/files/cpaletter.pdf .)
	Minutes of past three (3) years stockholders and board meeting
	Proof of Equity Contribution/Stock Purchase (receipts, both sides of canceled checks, bank statements, etc.)
	Minutes of past three (3) years LLC Board meeting
	Proof of Capital Invested (receipts, both sides of canceled checks, bank statements, etc.)
	Prior year's Form 1065 Tax returns
	Partnership agreement and amendments
	Sole Proprietorship
	Minutes of past three (3) years stockholders and board meeting
	Proof of Equity Contribution/Stock Purchase (receipts, both sides of canceled checks, bank statements, etc.)
	Proof of Capital Invested (receipts, both sides of canceled checks, bank statements, etc.)
	Prior year's Schedule C (Form 1040 Tax returns)
	Out of State
	Must provide proof of current home state certification (letter and/or Certificate)
	Current Certification of Authority to Conduct Business in the State of Indiana
	Current Home State Certification of Good Standing of Existence

Please Note: Failure to provide ALL of the above requested documentation or additional information within the designated time frame as requested may result in denial for your request for certification.

**Indiana Department of Administration
Minority and Women's Business Division
Recertification Documentation Checklist**

Please verify that all required documents listed below are included with your application.

Name of company

ALL APPLICATIONS	
	Completed, signed and notarized application www.in.gov/idoa/2491.htm
	Completed Affidavit of Continuing Eligibility www.in.gov/idoa/files/ACE_Form.pdf

Please Note: Failure to provide ALL of the above requested documentation or additional information within the designated time frame as requested may result in denial for your request for recertification.