



# CERT Extended Term Program Complete Application Checklist



**\*\*\* This Checklist Must Be Submitted as a Cover Page to the Extended Term Program Application \*\*\***

The CERT Program reserves the right to waive all or part of the application process, and waive the submission of information required thereunder, at its discretion.

Once submitted, the application will thereafter be under review by the CERT Executive Board.

Applicants must submit all the required paperwork to be considered.

If, in the course of review, it is determined that not all of the required paperwork is included, the CERT Program must notify the applicant and additional materials must be submitted within fourteen (14) business days.

Failure to produce the missing requirements within the stated time period will result in denial of the application.

Any cost to prepare application will be at the expense of the applicant.

Before submitting the Extended Term Program Application, please ensure that the following checklist is complete:

## **Extended Term Program Application:**

- Tennessee Warning Acknowledgement (Appendix A)
- Completed the Extended Term Program Application (Appendix B)
- A report of actual spends made to other CERT businesses in the previous twelve (12) months (Excel form provided as a sample)
- A workforce inclusion disclosure statement for the previous twelve (12) months (Excel form provided as a sample)
- Business and Workforce Inclusion Policies and Practices narrative.
- A proposal detailing how the participating business will further the CERT Program mission and the Extended Term Program purpose.
- A signed commitment to select a mentee by the end of the 1<sup>st</sup> Quarter of the business' Extended Term status, if granted.

# Appendix A – Tennessean Warning

## Tennessean Warning Notice for the CERT Extended Term Program

### Background

In accordance with the [Minnesota Government Data Practices Act](#), the Central Certification (CERT) Program is required to inform you of your rights as they pertain to the private information we collect from you. The information we collect from you is classified by law as either public (any one can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information). As an applicant for CERT Certification, the data we collect and maintain about you is public according to Minnesota Statutes, section 13.01, subdivision 3. The data we collect is limited to that necessary for the administration and management of the CERT Program certification process. Persons or agencies with whom this information may be shared include:

1. CERT Program employees;
2. CERT Collaborative Executive Board members;
3. Extended Term Advisory Committee members;
4. Anyone who submits a Public Data Request.

### Purpose and Intended Use

The information we request from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants and identify you in our files;
- To determine your eligibility for CERT certification and the Extended Term Program;
- To compile Equal Opportunity and Affirmative Action reports.

### Requirements to Provide

You are not required to provide this information; however, without the information CERT will be unable to determine if you qualify for the CERT Program.

### Acknowledgement

I have read and understand the above information regarding my rights as a subject of government data.

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Signature

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Date



# Central Certification – CERT Extended Term Program

## Appendix B – Extended Term Program Application

\* If the information below in questions 1-3 has been previously submitted through an online application and there have been no changes to the company information requested in questions 1-3, please sign below and do not answer questions 1-3.

### Extended Term Certification Categories for which you are applying (please check):

- Small Business
  Woman-owned Business
  Minority-owned Business

I certify that the information requested in questions 1-3 has previously been submitted to the CERT Program in my most recent CERT application that was denied due to graduation and there have been no material changes to the information previously submitted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 1. Company Information

***Please verify/complete this section in its entirety. I any information provided changes or has changed please update and provide supporting documentation.***

Company Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

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

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

Mailing Address (if different than above): \_\_\_\_\_

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

Web Site Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Annual Gross Revenues: \$ \_\_\_\_\_ Fiscal Year End Date: \_\_\_\_\_

# Of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

Description of Product(s) and/or Service(s) (use back of page if necessary):

Primary NAICS code for your business (if known)<sup>1</sup> \_\_\_\_\_

SBA Size Standard for this industry: \_\_\_\_\_

Other than exceeding the SBA Size Standard for your industry, have there been any changes in the products or services you provide since the initial certification?  Yes  No

*If yes, please explain:*

**NOTE:** Please attach all tax returns for the year(s) since your company’s CERT certification lapse, if applicable.

**2. Individual Owner Information**

Have there been any changes in ownership and/or management responsibilities in the past two years?

Yes  No

*If yes, please explain:*

**3. General Ownership Information**

***Check the appropriate response. If you answer “Yes” to any of the questions below, please provide details on a separate sheet.***

|   | Yes | No |
|---|-----|----|
| 1. Do you have any ownership and/or involvement, direct or indirect, in any other firm(s)?  |     |    |
| 2. Are you an employee, owner, former owner, or related to an owner of another firm engaged in the same or similar line of business?  |     |    |
| 3. Does your company share office/warehouse space, equipment, employees, financial assistance, etc. with any other firm(s)?   |     |    |
| 4. Does anyone in your company (including owners, board members, management personnel, etc.) currently have management or supervisory responsibilities in any other firm(s)?  |     |    |
| 5. Are there any stock options or other ownership options that are outstanding and/or any agreements between owners or between owners and third parties that restrict the ownership and/or control of any minority or woman owners? |     |    |
| 6. Does your company hold current certifications by any other government agencies?  |     |    |

- Is any owner, board member, or individual in a key decision making position currently employed by any of the following jurisdictions? *(If yes, check the boxes that apply).*  
 Hennepin County       Ramsey County       City of St. Paul

<sup>1</sup> Please note that identifying the primary NAICS code of your business is the responsibility of your company. Any inquiries of CERT Staff to assist will be provided in generalities about NAICS codes. The company reporting the primary NAICS code must make that determination as to what best describes its company’s products and services.

Please list each company and/or entity, if any, that accounted for twenty (20) percent or more of your annual gross revenue in your most recent fiscal year:

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|--|

**Mentorship Relationship Disclosure:**

4. Please disclose any other formal or informal mentorship programs/relationships in which your company has participated. List all companies involved and whether your company was a mentor or mentee.

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**Brief Narrative: Current Business and Workforce Inclusion Policies and Practices**

5. Please describe you current policies and practices pertaining to working with other local small, small minority-owned, and small woman-owned businesses in the last twelve (12) months.

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|  |
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\* Please also complete the business inclusion spreadsheet in Excel \*

6. Please describe your company's current policies and practices pertaining to diversifying your workforce on projects in the last twelve (12) months.

\* Please also complete the business inclusion spreadsheet in Excel \*

**Brief Proposal**

7. Please describe the ways in which your company hopes to make a material and lasting contribution to the S/M/WBE community through participation in Extended Term Program.

Please provide detail as to how your company seeks to engage other local small, small minority-owned and small woman-owned businesses. In addition, address any plans related to providing opportunities for women and minorities in terms of workforce inclusion on projects occurring while your company is an Extended Term Business.

## Commitment to Select Mentee

I hereby commit to select a mentee, who is a CERT certified business, by the end of the 1<sup>st</sup> Quarter of my company's Extended Term status. If, during that 1<sup>st</sup> Quarter, my company experiences any difficulty finding a CERT certified company, I understand that it is my company's responsibility to notify the CERT Program promptly of such difficulty. I further understand that if I find a company that I desire to have as a mentee, but, it is not CERT certified at the time of initial engagement, I can encourage the business to apply for CERT certification and if it is approved it will qualify to serve as my mentee for purposes of the Extended Term Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

### Attestation

The undersigned certifies that the statements provided in this application are true and correct. The undersigned understands that intentionally supplying false information for the purpose of obtaining certification will be sufficient reason for rejection of this application and/or removal from the CERT Extended Term Program.

Your company understands that, if approved for the Extended Term Program, your company will be bound to the terms of the Extended Term Program and any commitments made in your company's application. Failure to perform in accordance with this agreement may constitute a breach and result in termination.

A business applying for Extended Term status will hold harmless the CERT Program from any and all claims, actions, and judgments, arising from and related to the Extended Term Program.

I hereby declare and affirm that I, (Attestant's Name) \_\_\_\_\_, am the (Attestant's Title) \_\_\_\_\_ and that I am a duly authorized representative of (Applicant Business) \_\_\_\_\_.

\_\_\_\_\_  
Attestant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

- I have attached the documents listed on the Complete Application Checklist.
- I have attached additional information required for all questions above for which I answered Yes.