



CERT Extended Term Program Complete Application Checklist



*****This Checklist Must Be Submitted as a Cover Page to the Extended Status Term 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 Status Application, please ensure that the following checklist is complete:

- ☐ **Extended Term Status Application:**
- ☐ Tennessen Warning Acknowledgement (Appendix A)
- ☐ Completed the Extended Term Status 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)
- ☐ The business and workforce inclusion policies and practices narrative, not to exceed 500 words each.
- ☐ A proposal detailing how the participating business will further the CERT Program mission and the Extended Term Program purpose. The proposal should not exceed 1000 words.
- ☐ A signed commitment to select a mentee by the end of the 1st Quarter of the extended term status

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 Board 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.

Date

Signature

Appendix B – Extended Term Status Application

Central Certification



CERT Program

CERT – Extended Term Application Form

*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.

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. If information provided has changed, please update and provide support

Company Name: _____

Doing Business As (DBA): _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Title: _____

Phone: (____) _____

Web Site Address: _____

Email Address: _____

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

Annual Gross Revenues: \$ _____ Fiscal Year End: _____ # of Employees FT:

PT: _____

Primary NAICS for your business (if known)*¹ _____

SBA Size Standard for this industry: _____

Extended Term Certification Categories for which you are applying:

☐ Small business ☐ Woman-owned Business ☐ Minority-owned Business

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

If you answer Yes to any of the questions below, please provide details on a separate sheet.

- Do you have any ownership and/or involvement, direct or indirect, in any other firm(s)?
☐ Yes ☐ No
- Are you an employee, owner, former owner, or related to an owner of another firm engaged in the same or similar line of business?
☐ Yes ☐ No
- Does your company share office/warehouse space, equipment, employees, financial assistance, etc. with any other firm(s)?

¹ 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.

☐ Yes ☐ No

- Does anyone in your company (including owners, Board members, management personnel, etc.) currently have management or supervisory responsibilities in any other firm(s)?

☐ Yes ☐ No

- 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 female owners?

☐ Yes ☐ No

- Is any owner, Board member, or individual in a key decision making position currently employed by any of the following jurisdictions? (*Check the boxes that apply if yes*).

☐ Hennepin County ☐ Ramsey County ☐ City of St. Paul

Does your company hold current certifications by any other government agencies?

☐ Yes ☐ No

- 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:

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.

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.

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 workforce 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 females 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 1st Quarter of my company's extended term status. If, during that 1st 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.

Print Name

Title

Signature

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 an extended term status will hold harmless the CERT Program from any and all claims, actions, and judgements, 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

Print Name

Date

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