



Application for Consideration as a Certified Diverse Business Enterprise Pursuant to the Oklahoma Supplier Diversity Initiative

Overview:

The Oklahoma Supplier Diversity Initiative was created by the State of Oklahoma (as set forth in Section 85.45j.11 of Title 74 of the [Oklahoma Statutes](#)) to provide a resource for state agencies and private businesses to utilize Certified Diversity Business Enterprise firms in procurement opportunities and to encourage growth in the Oklahoma economy.

This program allows Certified Diverse Business Enterprise firms to be registered with the Office of Management and Enterprise Services (OMES) and provide for simplified vendor registration processes.

The Oklahoma Department of Commerce (“Department”) has the authority to qualify and certify Diverse Business Enterprise companies for the State.

Program requirements:

To qualify for this program, a business must:

- Have annual revenue of equal to or less than Twenty-five Million Dollars (\$25,000,000);
- Have less than Five Hundred (500) total employees;
- Be Oklahoma owned and operated;
- Be registered with the Oklahoma Secretary of State (if applicable);
- Not be a publicly traded company;
- Meet one or more of the following criteria:
 - Certified by the United States Small Business Administration as one or more of the following types of entities:
 - Woman-Owned Small Business
 - Minority Business Enterprise
 - Small Disadvantaged Business
 - Service-disabled Veteran Owned Small Business
 - HUBZone Small Business Concern
 - 8(a) Business Development Program Member
 - Fifty-one percent (51%) or more owned and controlled by a member of one of the following diverse groups:
 - Native Americans
 - United States Military Veterans
 - Women

- Racial Minorities (including African American, Hispanic or Asian American)
- Certified as an Oklahoma Department of Transportation Disadvantaged Business Enterprise

The application and required documentation will be reviewed by the Department. If the company meets the requirements for certification, that certification will remain active for five (5) years unless one or more of the following occurs:

- There is a change in ownership or daily management to persons other than those upon whom the certification was based.
- The business has a change in annual revenue or number of employees that exceeds the size requirements of the program.
- The business ceases to be an independent operation.
- There is a change which, had it occurred before certification, would have prevented the business from being certified.

Any event that occurs which causes the business to not meet the criteria for eligibility must be reported to the Department in writing and certification relinquished within thirty (30) days of the entity no longer meeting the eligibility requirements.

Certification:

- The Diversity Business Enterprise Certification does not require a fee.
- Within a reasonable amount of time of receipt of the application and all supporting documents, the Department may issue a letter to the company notifying them of certification. This typically will occur within ninety (90) days of receipt of the application and all supporting documentation.
- An incomplete or improperly completed application may be returned to the applicant without further consideration.
- A business may qualify for inclusion as a Diverse Business Enterprise as a member of multiple groups. For example, a business may qualify as a minority owned, woman owned business with an SBA Small Disadvantaged Business certification. Please provide information for each of the groups to which you are a member so your business can be correctly designated.

Renewal of Certification:

- Prior to expiration of the certification period, if a participant has experienced no change in ownership and otherwise meets all requirements of an Eligible Entity, the Eligible Entity may submit an affidavit to the program manager at the Department confirming that no changes affecting ownership or the Eligible Entity's ability to meet the program's qualifications have occurred. A copy of a sample recertification document will be made available to the business upon request or may be available at the [Department of Commerce website](#).

- If the renewal is approved, the certification of the business will be extended for five years from the date the certification was originally set to expire.
- If a participant business has experienced a change in majority ownership or control, the business will need to submit a new application for participation.
- The recertification application or affidavit with all required supporting documentation must be filed with the Department no later than the date their current certification is scheduled to expire. If the Department has not received the recertification affidavit and documentation prior to the expiration of the current certification, the business will be out of compliance with the program and may be dismissed.

Additional Information or On-Site Inspections

- The Department may request additional information from applicants as deemed reasonably necessary by the Department at any time. Failure to provide such information may result in denial or revocation of certification.
- The Department may conduct on-site evaluations as deemed necessary.

For additional program requirements and information, please review the Supplier Diversity initiative located at [74 O.S. §85.45j.11](#) and the Oklahoma Administrative Rules located at 150:155-1-1 et. seq. of the Oklahoma Administrative Code.

Instructions:

1. Please print this application packet one-sided and answer all questions by completing the information legibly by typing your responses onto the application or by neatly and legibly answering in blue or black ink. If there is insufficient room to answer a question on the application, please attach to the application form the full answer(s) with the accompanying question number(s) on a typewritten or legibly printed sheet. Please do not staple any documents.

2. Please make sure to attach all necessary requested documentation as requested on the application as a one-sided photocopy document with each attachment labelled and submitted in order. You may return this document and all required attachments by sending your application and all required documents via U.S. Mail, postage pre-paid, to the Oklahoma Department of Commerce at:

By Mail: Oklahoma Department of Commerce
Attn: Diverse Business Enterprise Certification Program
900 N. Stiles
Oklahoma City, OK 73104

3. Once this information has been received, it will be reviewed by the Diverse Business Enterprise Certification Committee, who will then approve or deny the application, and notify the applicant within a reasonable time (usually within 90 days).

4. If there are any questions about the application relevant to its approval or denial, an associate will contact the person who completed the application using the information contained within the application. If you are unable to answer any questions or provide documentation, please contact the Department so that we may answer your questions.

5. If you have questions about the Oklahoma Supplier Diversity Initiative, please contact the Department by e-mail at diversitycertification@okcommerce.gov or by asking to speak with an associate at (405) 815-6552.

Application:

Part 1: General Business Information

1. Contact information for the person completing this form (name/e-mail address/phone number):

2. Business Legal Name as registered with the Oklahoma Secretary of State (if SOS registration required):

3. Business D/B/A/ Name or Trade Name: _____

4. Primary Oklahoma Street Address for the business (including City, County, State, Zip Code):

5. Business Telephone Number: _____

6. Business Website: _____

7. Federal Employer Identification Number (FEIN): _____

8. Are all owners of your firm citizens of the United States? Yes No

9. If no – do all owners lawfully reside in the United States? Yes No

ATTACHMENT A: Provide proof of legal U.S. residence for owners (example: state issued birth certificate, voter registration, armed services discharge, unexpired passport, certificate of naturalization or other legal documentation for proof of U.S. residency).

10. [Primary NAICS code](#) for the business: _____

11. What is the primary industry of the company?

12. Please describe the company and its primary product or service:

13. Does the business require any type of professional license? (check one)

Yes No

14. If the answer to the previous question is “yes,” please identify the professional license(s) held by the business or its principals, the holder of the license, and the licensing authority.

ATTACHMENT B: Please include photocopies of each of the valid professional licenses identified in the previous question, if any, and attach them to the application labelled as “Attachment B.”

15. The business is a: (check one)

Sole Proprietorship General Partnership Corporation

Limited Liability Company (LLC) Limited Partnership

Other (please list) _____

16. If the business is an LLC, Corporation or Limited Partnership, is the business registered with the Oklahoma Secretary of State?

Yes No

ATTACHMENT C: Please attach photocopies of the following documentation to your application as applicable and label them as "Attachment C." If you do not have one of the pieces of applicable documentation, identify the documentation you do not have and explain why it cannot be provided on a separate sheet submitted with "Attachment C":

- For Sole Proprietorships
 - Photocopy of the business's most recently filed 1040 Schedule C of Federal Tax Return.
- For Partnerships
 - Photocopy of Secretary of State Registration
 - Photocopy of signed, notarized partnership agreement
 - Photocopy of partnership schedule for most recent year (form 1065 of federal tax return)
 - If the business is a startup and has not filed taxes yet, a copy of the company's business plan will be required
- For LLC or PLLC
 - Photocopy of Trade Name Certificate or Secretary of State Registration
 - Photocopy of Articles of Organization.
 - Photocopy of most recent 1040 Schedule C of federal tax return
 - If the business is a startup and has not filed taxes yet, a copy of the company's business plan will be required
- Corporation
 - Articles of Incorporation including all addendum and approval dates
 - Corporate By-laws with Amendments
 - Copies of all stock certificates issued and a copy of stock transfer ledger page showing all stock transactions
 - Minutes of the first and most recent organizational meetings and all resolutions affecting ownership
 - Certificate of Incorporation
 - Copy of Oklahoma Secretary of State registration
 - Most recent federal tax return (Form 1120 or 1120S) and all attachments
 - If the business is a startup and has not filed taxes yet, a copy of the company's business plan will be required

17. When did the company begin operations? (month/year) _____

Note: For many companies, this is the date the company registered with the Oklahoma Secretary of State)

18. When did the company begin doing business under the current legal structure? (month/year)

19. Has the company been sold or restructured since it was originally established?
 Yes No

ATTACHMENT D: If the answer to the previous question is “yes,” please attach a complete business history detailing changes in ownership, the identity of previous owners, previous legal structures of the business and attach it to the application as “Attachment D.”

20. Is the business a publicly traded company? (check one) Yes No

21. Does the business have less than five-hundred employees? (check one)
 Yes No

22. Name(s) of all business owner(s) and their percentage of ownership in the business:

23. Does at least 51% of the ownership group maintain a primary residence in the State of Oklahoma? (check one)
 Yes No

ATTACHMENT E: Please include photocopies of each of the following documents for each of the Oklahoma resident business owners and attach them to your application labeled as “Attachment E”

- Valid Oklahoma State issued ID card or Driver's license

24. For each owner, briefly describe the type of expertise, investment, value of equipment and/or real estate contributed to the business:

25. List by type and quantity the major equipment or real property owned or leased for use by the business:

Type	Quantity	Leased/owned?
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Type	Quantity	Leased/owned?
------	----------	---------------

Type	Quantity	Leased/owned?
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Type	Quantity	Leased/owned?
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ATTACHMENT F: Please include copies of proof of ownership or lease of the property identified in the previous question and attach them to your application as "Attachment F." This may include:

- Bills of sale
- Titles or deeds to the property
- Lease agreements
- Vehicle registrations

26. Please identify the person within the business who is responsible for making the final business decisions of the company

Name: _____

Title: _____

27. Please identify the person within the company primarily responsible for managing each of the roles listed below:

(Note: If no one is responsible for performing the role below, please list "n/a" for the role)

Chief Executive Officer: _____

Marketing/Sales: _____

Human Resources: _____

Payroll: _____

Financial Decisions: _____

Project Selection: _____

Project Management: _____

Preparing Job Estimates: _____

Project Coordination: _____

Field Supervision: _____

Reviewing Plans/Specs: _____

Contract Negotiations: _____

ATTACHMENT G: Please attach a copy of the resume for each person identified in questions 26 and 27 and attach them to your application as "Attachment G."

28. Do any of the people listed in questions 26 or 27 meet any of the following descriptions (check all that apply):

- | | | | | |
|---------------------------------|--------------------------|-----|--------------------------|----|
| African American? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Asian American? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Hispanic American? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| United States Military Veteran? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Native American? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Woman? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

29. If you answered "yes" to any of the categories in question 28, please identify which person is a member of which group(s). (Example: John Doe, African American and US Military Veteran)

ATTACHMENT H: Please provide photocopies of the following documents for each person(s) identified in question 29 and attach them to your application as "Attachment H"

- One of the following:
 - Birth Certificate
 - Government or other reliable document indicating that the person(s) is/are a member of a racial minority, a woman, or a Native American
- For United States Military Veterans Only:
 - One of the previous forms of identification listed above,
 - One of the following:
 - Valid Military ID card(s)
 - Valid Veteran's health identification card(s) issued from the Veterans Administration
 - Valid Veterans ID card(s) issued from the Veterans Administration
 - Valid Oklahoma issued ID card or Driver's license with Veteran's designation
 - Armed Services discharge letter, and
 - Proof of prior active-duty service of at least 180 days or more (for National Guard veterans only)

30. What were the gross annual receipts of your firm for the past three (3) years?

Year: _____ Amount: _____

Year: _____ Amount: _____

Year: _____ Amount: _____

ATTACHMENT I: Please attach a copy of brief documentation indicating the gross receipts of the company for the last three years and attach it to your application as "Attachment I":

- Tax Returns for the business reflecting the last three years (or, if no taxes have been filed, a copy of the applicant's business plan), or
- Balance Sheet(s) reflecting the last three years of gross receipts, or
- Income Statement(s) reflecting the last three years of gross receipts

31. What is the name and location of each bank where the business maintains its checking and loan accounts? (insert additional sheets as necessary)

Name of bank/address	Contact Person	Telephone

ATTACHMENT J: Please attach the following copies to your application and identify them as "Attachment J."

- Copies of a monthly loan or bank statement covering one of the most recent two months prior to application for the accounts listed above
- Documents indicating authorized account signatory for the accounts listed above

32. Does the Business currently have any of the following United States Small Business Administration Certifications? (Check all that apply)

Woman-Owned Small Business	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Minority-Business Enterprise	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Small Disadvantaged Business	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Service-Disabled Veteran Small Business	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HUB-Zone Small Business Concern	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8(a) Business Development Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

33. Is the business currently certified as an Oklahoma Department of Transportation (ODOT) Disadvantaged Business Enterprise? (check one)

Yes No

ATTACHMENT K: Please include photocopies of every certification listed in Question 32 and 33 held by the business to this application for submittal labeled as "Attachment K."

34. Does any principal in the business, or the spouse of any principal, owe money or anything else of value to the firm? Yes No

35. If the answer to the previous question is yes, please list the identity of the person who is owed the debt, a statement of the purpose of the debt, and the amount of the debt

36. Is your firm registered as a vendor with the Oklahoma Office of Management and Enterprise Services (OMES)?

Yes No

ATTACHMENT L: If your answer to the previous question is “yes,” please attach a copy of documentation indicating registration as a vendor with OMES to your application and label it as “Attachment L.”

37. Is the business a Veteran Owned Business? Yes No

Note: A business is considered a Veteran Owned Business if the business is at least 51% owned and operated by one or more US Citizen(s) who either served in the active military, naval or air service and who has not been dishonorably discharged or who served in the National Guard and has been deployed on federal active-duty orders for at least 180 days and who has not been dishonorably discharged.

38. If the answer to the previous question is “yes,” please identify the veteran business owner(s) and their branch of service (e.g.: Army, Navy, Air Force, Marines, National Guard)

ATTACHMENT M: If the answer to question 37 is “yes,” please include a photocopy of each of the following required items for proof of each veteran business owner's veteran status with the application labelled as “Attachment M.”

- One of any of the following:
 - Valid Military ID card(s)
 - Valid Veteran's health identification card(s) issued from the Veterans Administration
 - Valid Veterans ID card(s) issued from the Veterans Administration
 - Valid Oklahoma issued ID card or Driver's license with Veteran's designation
- Armed Services discharge letter
- Proof of prior active-duty service of at least 180 days or more (for National Guard veterans only)

39. Is the business a Native American Owned Business? Yes No

Note: For purposes of the program, to be considered Native American Owned, the business must be at least 51% owned and operated by enrolled citizen(s) of a federally recognized tribe or person(s) who have a Certificate of Degree of Indian Blood (CDIB) card issued by the Bureau of Indian Affairs.

40. If the answer to the previous question is “yes,” please identify the name and tribe for each tribal member owner:

ATTACHMENT N: If the answer to question 39 is “yes,” please include a photocopy of any one of the following required item(s) for proof of each applicable owner's tribal status with the application labelled as “Attachment N.”

- Membership card issued by the federally recognized tribe
- CDIB Card issued by the Bureau of Indian Affairs

41. Is the business a “Woman Owned Business” (check one) Yes No

42. If the answer to the previous question is “yes,” please identify the owner(s) who are women

ATTACHMENT O: If the answer to question 41 is “yes,” please include a photocopy of an official State or United States Federal Government issued document identifying women business owner(s) with the application labelled as “Attachment O.” These documents may include:

- Valid United States Passport
- Valid Birth Certificate
- Valid Oklahoma State Issued Drivers License or Photo Identification Card

43. Is the business a “Minority Owned Business”? (check one) Yes No

Note: A Minority Owned Business is one that is owned at least fifty-one percent (51%) or more by an African American, Asian-American, or Hispanic-American, as defined in the Administrative Rules located at 150:155-1-1 et. seq of the Oklahoma Administrative Code.

44. If the answer to the previous question is “yes,” please identify the owner(s) who is/are a member of a minority group as defined in the previous question and the minority group to which the owner belongs (*Example: African American, Asian American, Hispanic American*).

ATTACHMENT P: Please include a photocopy of an official State or United States Federal Government Issued Document or other legal document identifying the minority status for each minority owner of the business identified in question 44 labeled as “Attachment P.” These documents may include, but are not necessarily limited to:

- United States Issued Passport
- Birth Certificate
- State Issued Driver's License or Photo Identification Card
- Other State or Federal Government Issued Identification Card or License

45. How did you hear about the Diverse Business Enterprise program? (Check One)

- The Department of Commerce A Client
 A program member Personal Research Other

46. Would you like to receive further communications from the Oklahoma Department of Commerce about services provided by the Department or other issues facing Oklahoma Businesses? Yes No

By my signature below, I hereby certify the following to be true and correct:

- That I am a person who is authorized by the business entity to provide this information to the State of Oklahoma
- That I am a person who has decision making authority for the business.
- That all the answers to this document are true and correct.
- That I will comply with all reasonable requests for information by the Oklahoma Department of Commerce as relevant to the granting or denial of certification as a Diverse Business Enterprise.
- That the applicant business meets all legal requirements for certification as a Diverse Business Enterprise under the Oklahoma Statutes.
- That I have attached all required documentation.
- That, on behalf of the business entity, I hereby request that the business be considered a Certified Diverse Business Enterprise in the State of Oklahoma.
- By submitting this application, I am requesting that the Oklahoma Department of Commerce include information about this business on the Agency's website. I understand that this information will include, but not necessarily be limited to, business name, contact name, business address, telephone number, email address, website and industry information. By submitting this application I am requesting that such information be made publicly available at the Oklahoma Department of Commerce website, the Office of Management and Enterprise Services Website and may otherwise be provided to the general public as may be required by law. Furthermore, by submitting this application, I agree to hold harmless the Oklahoma Department of Commerce and the Oklahoma Office of Management and Enterprise Services for any damages that may be incurred as a result of public access to this information.

Signature _____

Printed Name: _____

Job Title: _____

Company: _____

ATTACHMENTS CHECKLIST FOR DIVERSITY BUSINESS APPLICATION

Attach in order, printed single sided, identified and paperclip sections of each attachment together. Initial that all are attached or note N/A.

- ____ A. Photocopies of legal U.S. residence documents for all owners as required in Questions 8 and 9.
- ____ B. Photocopies of each of the valid professional licenses identified in Question 14 if applicable.
- ____ C. Photocopies of the required documentation for either Sole Proprietorship; Partnership; LLC or PLLC; Corporation as required in Question 15.
- ____ D. Complete business history detailing changes in ownership, identity of previous owners if applicable as required in Question 19.
- ____ E. Photocopies of documents for each Oklahoma resident business owners as required in Question 23.
- ____ F. Photocopies of proof of ownership or lease of the property identified in Question 25.
- ____ G. Photocopy of resume for each person identified in Questions 26 and 27.
- ____ H. Photocopies of required documents for each person identified in Question 29.
- ____ I. Photocopies of documentation of gross receipts of the company for the last three years as required for Question 30.
- ____ J. Photocopies of documents required in Question 31.
- ____ K. Photocopies of any certifications checked "Yes" in Questions 32 and 33.
- ____ L. Photocopies of OMES Vendor Registration if applicable as required in Question 36.
- ____ M. Photocopies of documentation for each applicable veteran business owner as required in Question 38.
- ____ N. Photocopies of documentation for each applicable owner tribal status as required in Question 39.
- ____ O. Photocopies of documentation of each applicable women business owner as required in Questions 41 and 42.
- ____ P. Photocopies of documentation of each applicable minority business owners as required in Questions 43 and 44.

ATTACHMENT A

ATTACHMENT B

ATTACHMENT C

ATTACHMENT D

ATTACHMENT E

ATTACHMENT F

ATTACHMENT G

ATTACHMENT H

ATTACHMENT I

ATTACHMENT J

ATTACHMENT K

ATTACHMENT L

ATTACHMENT M

ATTACHMENT N

ATTACHMENT O

ATTACHMENT P