

# GBE CERTIFICATION APPLICATION



Gary Sanitary/Storm Water Management  
Districts  
Compliance Department  
3600 W. 3rd Avenue  
Gary, Indiana 46406  
[www.garysan.com](http://www.garysan.com)  
(219) 944-0595 ext. 1824 and 1826

## STATEMENT OF PURPOSE

The City of Gary, the Gary Sanitary/Storm Water Management Districts have developed and revised the certification application to determine whether your firm/business is eligible for certification and contracting programs. To qualify as a GBE, your firm/business must meet the eligibility standards established by the certifying agency.

You are strongly encouraged to familiarize yourself with these regulations before submitting your application. We urge you to take advantage of the contracting opportunities offered under this program by filing 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, we 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/business. You must also show that your firm/business has the resources necessary to perform the work you indicated. Only those firms/businesses which have been certified under this process can be considered for participation in the GBE program.

**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/business meets the eligibility standards will decrease the amount of processing time. If this occurs, you will be ineligible to apply for certification for one (1) year from the date of denial. Incomplete applications will be returned. Should you have any questions regarding this application or the certification process, you may contact:**

**Tammi Davis,  
Director of Compliance & Policy Engagement  
Gary Sanitary/Storm Water Management Districts  
219-944-0595, ext. 1824.**

**Please PRINT all information. Use only BLUE or BLACK ink**

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 THE APPLICANTS WILL BE CONSIDERED AS GROUNDS FOR DENIAL/DECERTIFICATION AND FOR PROSECUTION.**

A business can be certified as a Gary Business Enterprise (GBE) if and only if it meets any of the following three (3) criteria:

- 1) Majority of the control of the firm, including if the majority is the owner, is a resident of Gary;
- 2) 50% of the firm's permanent employees are Gary residents;
- 3) The firm's PRINCIPAL place of business is in Gary.

# GBE Checklist of Requested Documents

Item No.	Item	Description
B5	Other business locations	Please provide letterhead of at least two (2) business locations. If there are other locations in the state of Indiana please provide letterhead for those first. (See B. Organization Structure, Question 5)
C2	Gary Business License	If yes, please attach a copy of the license. (See C. Business Services, Question 2)
C3	Other Gary/State licenses or permits	If yes, please attach copies of all licenses and permits. (See C. Business Services, Question 3)
C5	Signatory pages	If yes, please attach copies of all signatory pages. (See C. Business Services, Question 5)
C6	Section 3 business certification	If yes, please attach copy of the Letter of Certification. (See C. Business Services, Question 6)
C7	Other certifications	If yes, please attach copies of all of your firm's certifications. (See C. Business Services, Question 7)
		Please submit company brochure, marketing literature, and/or profile sheets.
E1	Sector of Experience	Please attach at least one (1) Project Data Sheet for each industry. (See E. Sector of Experience, Question 1)
	Bonding	Proof of bonding limits

## Gary Business Enterprise Certification

### The Gary Sanitary/Storm Water Management Districts and City of Gary

Date Received  Received By  Reviewed/Verified By

Determination  Approved  Denied Denial Code  Vendor Number  Date

Authorized Name of Firm

Street Address of Firm  
(P.O. Number alone is not acceptable)

City  State  Zip Code

Phone Number  FAX Number  E-mail

President/CEO Name  E-mail

Is the President/CEO the owner of the Company?  Yes  No  
If no, please complete the following.

Owner's Name  Address

City  State  Zip Code  Phone Number

In accordance with GSD's Contracting Policy, Resolution #2113, a Business can be certified as a Gary Business Enterprise if it meets either of following criteria. Please check the box in the middle column that represents the status your firm qualifies.

If your Business Structure is a.....	You can be certified as a GBE if....	The following Documents are required and shall be submitted with your completed application.
<input type="radio"/> Sole Proprietorship  <input type="radio"/> Partnership  <input type="radio"/> Corporation  <input type="radio"/> Joint Venture  <input type="radio"/> Limit Liability Corporation  <input type="radio"/> Limit Liability Partnership	<input type="checkbox"/> Owner or majority of Partners, Shareholders, or Joint- Venture are Gary residents	For Owner, you must include with your application copies of your Assumed Name Certificate, W-2 Forms, recent utility bills, passport, Alien Registration card, and/or other State-approved identification.
	<input type="checkbox"/> Principal place of business is located in Gary	To verify that your principal place of business is located in Gary, you must provide copies of your lease agreement, receipt of most recent rent payment, articles of incorporation and most recent utility bills.
	<input type="checkbox"/> 51% of EMPLOYEES are Gary Residents	To verify that 51% of your employees are Gary residents, you must provide on company letterhead a complete list of all permanent (full and part time) employees and include the following information: Full Name, Gender, Ethnicity, Address, City, State, Zip, Position, Years with company, and Social Security Number.

**B. ORGANIZATIONAL STRUCTURE**

<p><u>Type of Firm</u></p> <p><input type="radio"/> Sole Proprietorship    <input type="radio"/> Joint Venture</p> <p><input type="radio"/> Partnership            <input type="radio"/> LL Corporation</p> <p><input type="radio"/> Corporation              <input type="radio"/> LL Partnership</p>	<p><u>Ethnicity of Owner</u></p> <p><input type="radio"/> African-American    <input type="radio"/> Asian-American</p> <p><input type="radio"/> Hispanic-American   <input type="radio"/> Caucasian</p> <p><input type="radio"/> Native-American</p>	<p><u>Percentage of Ownership</u></p> <p>% Minority Owned <input style="width:40px;" type="text"/></p> <p>% Woman Owned <input style="width:40px;" type="text"/></p>
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1. Federal Tax ID.       1a. Is this a home office business?  Yes  No

2. How many months/years has this business been located in Gary?

3. How many years under current ownership?  Management?  this location?

3a. If less than three (3) years please provide previous address of the main office.

<p><u>Gender of Owner</u></p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Male</p>
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Previous Address  City  State  Zip Code

4a. Date Business Established       4b. Total years in business

5. Are there other business locations under the same company name?  
 (\*Please provide letterhead of at least two (2) business locations. If there are other locations in the state of Indiana, please provide letterhead for those first. )       Yes  No      How many?

5a. Are there other business under the same ownership?       Yes  No If yes, please complete the following.

<u>Name of Firm</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<input style="width:250px;" type="text"/>	<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:100px;" type="text"/>
<input style="width:250px;" type="text"/>	<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:100px;" type="text"/>
<input style="width:250px;" type="text"/>	<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:100px;" type="text"/>

6. Do you share office space, building or warehouse facilities with anyone?       Yes  No If yes, please complete the following.

6a. With what company and/or individual do you share the facilities with?

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<input style="width:250px;" type="text"/>	<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:100px;" type="text"/>

6b. What business services does the company and/or individual provide?

6c. Do you have a vested interest in the firm?       Yes  No If yes, please describe relationship below.

7. Did your firm operate under any other names?       Yes  No If yes, please complete the following.

<u>Name of Firm</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<input style="width:250px;" type="text"/>	<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:100px;" type="text"/>
<input style="width:250px;" type="text"/>	<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:100px;" type="text"/>
<input style="width:250px;" type="text"/>	<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:100px;" type="text"/>

**C. BUSINESS SERVICES**

1. Please check your primary type of business.

- Professional Services (Legal, Consulting,      Manufacturer      Service Provider  
 Contractor (General or Sub                      Retailer                      Supplier/Distributor

2. Do you have a valid City of Gary Business License?      Yes      No If yes, please attach a copy of the license.

*Note: Your application for certification is incomplete and cannot be processed without a City of Gary Business License. For more information please contact the City of Gary, Department of Finance at (219) 881-1363.*

3. Do you have all other license or permits required by the City of Gary or State of Indiana to operate your business

- Yes      No     If yes, please provide copies of all and list them individually below.

*Note: Please contact the City of Gary, Department of Finance, Department of Building, and Department of Zoning for license and permit requirements (219) 881-1300.*

<u>Qualifying Person</u>	<u>Type of License</u>	<u>Authorizing Agency</u>	<u>Permit No.</u>	<u>Limitations</u>

4. To what trade associations do you belong?

<u>Name of Organization (Spelled Out)</u>	<u>Positions Held</u>	<u>How long member?</u>	<u>Active?</u>

5. Are you signatory to any trade unions?      Yes      No     If yes, list below and provide copies of signatory pages.

<u>Name of Union</u>	<u>Address</u>	<u>Local No.</u>	<u>Positions Held/Term</u>	<u>Name of Officer</u>

6. Are you certified as a Section 3 business?      Yes      No     If yes, submit a copy of the Letter of Certification.

7. Do you hold any other certifications (e.g. MBE, DBE)?  Yes  No If yes, please list below.\*

Name of Certification	Certifying Agency	Expiration Date	How many years Certified

\* Submit copies of all of your firm's certifications.

8. Please list the business services that you provide and enter the North American Industry Classification System Codes that represent your category of services. For a full list of NAICS (formerly SIC-Standard Classification Code), please visit the website [www.naics.com](http://www.naics.com) or contact Tammi Davis, Director of Compliance & Policy Engagement at (219) 944-0595 x1824 for a copy. Be specific and include only those services that your company and/or employees are qualified or certified to provide. The codes will be used to make referrals and for tracking purposes. Attach additional sheet if necessary.

Business Service Provide	Persons/Dept.Responsible	NAICS Code

\* Submit company brochure, marketing literature, and/or profile sheet.

9. Provide in no more than two (2) sentences a description of your company. Used for publication purposes.

10. Do you have access to the Internet?  Yes  No





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**E. WORK EXPERIENCE GENERAL**

1. In which sectors, do you mostly target and have experience?

<input type="checkbox"/> Public Works	<input type="checkbox"/> Residential	<input type="checkbox"/> Environment	<input type="checkbox"/> Schools
<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Industrial	<input type="checkbox"/> Private	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Federal	<input type="checkbox"/> Commercial	<input type="checkbox"/> Health Care	<input type="checkbox"/> Other <input type="text"/>

\* Attach at least one (1) Project Data Sheet for each industry checked.

2. Please list the three (3) largest contracts in terms of amounts that you have held in the past 3 years.

	Project #1	Project #2	Project #3
Project Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scope of Work	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Contract Amount</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Person	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>

**F. CONTROL OF FIRM/KEY PERSONNEL**

1. Name the individuals in your firm that are responsible for the following: *note: optional but will be used for data tracking purposes only, please include resumes of all key personnel*

	<u>Name</u>	<u>Title</u>	<u>Reports to</u>
Hiring/Firing of Mgmt.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hiring/Firing of Non-Mgmt.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Invoice prep	<input type="text"/>	<input type="text"/>	<input type="text"/>
EEO matters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day to Day Operations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Field Operations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certified payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bids/Proposals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Development	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Decision	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. With whom do you bank?

Name of banking institution/

Address

Contact person/phone

3. Number of permanent employees  Fulltime  Part-time

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**FOR CORPORATIONS ONLY**

1. List all shareholders with 10% or more of stock.

Stockholder Name	Percent of Ownership	Ethnicity	Home Address	City	State	Zip	Phone

2. List all Executive Officers.

President:

Vice-President:

Treasurer:

Secretary:

Other:

Other:

Other:

**FOR CONSTRUCTION FIRMS ONLY**

1. Describe below how your firm recruits and hires field personnel.

2. Are you bonded?

YES

NO

If yes, completes below and provide proof of bonding limits.

Name of BONDING Company

Address

City

State

Zip

Contact Person

Phone Number

Bond Limit

Specialties

Name of Insurance Company

Address

City

State

Zip

Contact Person

Phone Number

3. What is the average amount of your contracts?

4. Do you generally perform as a

General Contractor

Subcontractor

or Supplier?

5. Which trades do you utilize?

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Asbestos Worker      | <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> Boilermaker         | <input type="checkbox"/> Small Boiler Repair | <input type="checkbox"/> Brick Layer          |
| <input type="checkbox"/> Stone Mason          | <input type="checkbox"/> Tile Setter        | <input type="checkbox"/> Terrazzo Mechanic   | <input type="checkbox"/> Marble Setter       | <input type="checkbox"/> Caulker/Pointer      |
| <input type="checkbox"/> Tile Finisher        | <input type="checkbox"/> Carpenter          | <input type="checkbox"/> Carpet Layer        | <input type="checkbox"/> Cement Mason        | <input type="checkbox"/> Electrician          |
| <input type="checkbox"/> Elevator Constructor | <input type="checkbox"/> Glazier            | <input type="checkbox"/> Iron Worker         | <input type="checkbox"/> Sheeter             | <input type="checkbox"/> Fence Erector        |
| <input type="checkbox"/> Labor                | <input type="checkbox"/> Utility Wage       | <input type="checkbox"/> Millwright          | <input type="checkbox"/> Operating Engineer  | <input type="checkbox"/> Painter              |
| <input type="checkbox"/> Pile Driver          | <input type="checkbox"/> Pipe Fitter        | <input type="checkbox"/> Plasterer           | <input type="checkbox"/> Plumber             | <input type="checkbox"/> Road Bridge, Airport |
| <input type="checkbox"/> Roofer               | <input type="checkbox"/> Sheet Metal Worker | <input type="checkbox"/> Sound/Communication | <input type="checkbox"/> Sprinkler Fitter    | <input type="checkbox"/> Teamster             |
| <input type="checkbox"/> Technical Engineer   | <input type="checkbox"/> Layout Man         | <input type="checkbox"/> Instrument          | <input type="checkbox"/> Rodman              |   |

**FOR PROFESSIONAL SERVICE FIRMS ONLY**

1. How many GARY residents currently work for your firm full/part-time?

2. List below three (3) Gary businesses that you have done business with in the past 3 years?

Name of GARY business	Address	Contact Person	Phone	Scope of Work
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

# AFFIDAVIT

I hereby certify upon penalty of perjury that I am the

, and am duly authorized by the Company to execute this

Application for GBE Certification on its behalf. I further affirm that to the best of my knowledge all information contained herein is factual and verifiable. I understand that any information provided is subject to confirmation and as an officer of the Company, I agree to assist any designated staff of the Gary Sanitary District, City of Gary, or Gary/Chicago Airport in providing additional information as requested or required.

I agree to contact the City of Gary's Business Compliance Officer and/or the Gary Sanitary District's Compliance Officer for a list of Certified Gary Businesses to be utilized when soliciting quotes for business opportunities.

Yes  No

Applicant agrees to notify the City of Gary's Business Compliance Officer and/or the Gary Sanitary District's Compliance Officer of any changes of any information contained herein.

Yes  No

Applicant agrees that it possesses a full understanding of City of Gary Ordinance No. 6972 and Gary Sanitary District Resolution No. 2113 and further agrees to comply with its requirements.

Yes  No

Applicant understands that any misrepresentation of information provided either in this document or during any confirmation process will result in the controlling agency assigning one or more of the listed designations to the Vendor immediately:

- 1) Denial of Certification
- 2) De-Certification
- 3) Termination of Contract
- 4) Withholding of Payment(s)
- 5) Designation as a "Non-Responsive/Non-Responsible"

Yes  No

Applicant agrees to cooperate during any audit processes conducted by the City of Gary or Gary Sanitary District or any of their designated representatives should an audit of compliance be necessary or requested.

Yes  No

I certify by my Signature below that I am an authorized officer of this company and have reviewed and confirmed all information provided in and supporting this document.

Yes  No

Print Name:

Title:

Signature

Date:

Subscribed and sworn to before me this

day of

Notary Public:

County of:

My Commission Expires:

**\*\*\* Stamp Notary Seal Here \*\*\***