

**APPLICATION FOR  
CONTRACTOR AND SUBCONTRACTOR  
ANNUAL PREQUALIFICATION**



**Office of Management and Budget**

Revised 5/18/2017

# OVERVIEW

## INTRODUCTION

Pursuant to Section 6962(c), Title 29 of the Delaware Code, the Office of Management and Budget has established a two-step process for the annual prequalification of contractors and subcontractors that elect to bid on large public works contracts for which prequalification is specified by the contracting agency. The annual prequalification process encompasses the following two steps:

- 1) **Annual Prequalification** – The first step in the prequalification process that enables applicants to submit financial information and work/project history that the Department will use to assign one or more work classifications and bidding dollar limits. Annual prequalification remains valid for twelve calendar months from the time a contractor or subcontractor becomes prequalified by the Department.
- 2) **Supplemental Prequalification** – The second step in the process that enables prequalified contractors and subcontractors to provide a limited scope of information that is *specific to a single project*. Supplemental prequalification does not require the resubmission of information provided to the Department as part of annual prequalification.

## ANNUAL PREQUALIFICATION

The prequalification classification issued by the Department, as part one of the prequalification process, is valid for a period of twelve months. It is the prequalified contractor's or subcontractor's responsibility to reapply for prequalification before the twelve-month period has expired in order to remain prequalified. The Department will not notify contractors or subcontractors of the impending expiration of prequalification.

The Department will prequalify contractors and subcontractors on the basis of information submitted as part of the Annual Prequalification process. Prequalified contractors and subcontractors will be assigned a classification (trade) and maximum contract dollar value for which they may submit bids. The Department will notify prequalification applicants of the Department's decision, in writing, within five business day of a determination. An applicant may request a review of the outcome of its application for prequalification by sending a written request to the Director of the Office of Management and Budget within five business days of receipt of the Department's notification.

The Department will maintain a registry of all contractors and subcontractors prequalified to bid on public works contracts. The registry will include the name and address of the contractor or subcontractor, the classification(s) and the maximum contract dollar value(s) for which the contractor or subcontractor may submit a bid, the prequalification expiration date and any determination of supplemental prequalification status. This registry will be posted on the Division of Facilities Management's website at <http://dfm.delaware.gov>. All other information submitted by contractors or subcontractors will remain confidential to the fullest extent allowed by law.

## **SUPPLEMENTAL PREQUALIFICATION**

Every large public works contract for which prequalified contractors and subcontractors are specified will require supplemental prequalification. The information requested as part of supplemental prequalification will be **specific to an individual project** and will not duplicate the information requested as part of annual prequalification.

Supplemental prequalification for school district projects may be administered by either the Department or the School District. However, all applications for annual prequalification will be received by the Department.

A contractor or subcontractor must be prequalified under annual prequalification to apply for supplemental prequalification. However, an applicant **may** submit applications for both annual and supplemental prequalification at the same time.

The Department or school district (in the case of supplemental prequalification administered by a school district) will notify all applicants for supplemental prequalification of its determination 14 calendar days prior to the closing date of a bid for a specific project. However, this requirement will apply only if the Department receives the application for supplemental prequalification at least 28 days prior to the closing date of the bid. An applicant may request a review of the outcome of its application for supplemental prequalification by sending a written request to the Director of the Office of Management and Budget, or in the case of supplemental prequalification administered by a school district school, to the district superintendent within five business days of the receipt of the Department's or school district's notification.

## GENERAL INFORMATION

1. The application for contractor/subcontractor annual prequalification may be obtained by calling the Division of Facilities Management at (302) 739-5644 (will be sent via U.S. Mail), or may be obtained on-line by visiting our website at <http://dfm.delaware.gov>.
2. The application is divided into two parts. Answer all questions completely. **Incomplete applications may delay prequalification or may result in the denial of prequalification.** Submit one original, signed copy of the application.
3. Part 1 of the application, *General Information*, requires the submission of organizational and financial information. The financial information specified includes a request for an applicant's "Z" Score. Information regarding Z Score, its purpose and determination can be obtained at [www.creditworthy.com/topics/zscore.html](http://www.creditworthy.com/topics/zscore.html).
4. Part 2 of the application, *Contractor/Subcontractor Classification and Determination of Maximum Contract Dollar Value*, requires the submission of information related to projects completed by the applicant. The determination of maximum contract value (and the maximum value of bids that may be submitted for large public works contracts) may be affected by the number of completed projects submitted under Part 2 of the application. Please see Section 5.0 of the regulations for annual prequalification for additional information. The regulations are available online at <http://dfm.delaware.gov>.
5. A separate Part 2 application must be submitted for each classification for which the applicant seeks prequalification.
6. Mail completed applications to:  
Division of Facilities Management  
ATTN: CSAP Committee  
540 S. DuPont Highway, Suite 1  
Dover, DE 19901
7. Faxed applications will not be accepted.
8. Notice of the Department's determination will be made in writing within five business days of such determination.
9. The prequalification classification issued by the Department shall be valid for twelve months from notice of prequalification issued by the Department. It is the contractor's or subcontractor's responsibility to reapply for prequalification prior to the expiration of the twelve month period to ensure uninterrupted prequalification. **The Department will not notify contractors or subcontractors of the impending expiration of prequalification status.**
10. A prequalified contractor or subcontractor shall report any material changes that could adversely affect prequalification status to the Department within ten days of the material

change. Notification must be submitted to the Department in writing and shall be signed by an officer of the organization.

11. The Department will maintain a registry of all contractors and subcontractors prequalified to bid on large public works contracts. The registry will include the name and address of the contractor or subcontractor, the classification(s) and the maximum contract dollar value(s) for which the contractor or subcontractor may submit a bid, the expiration date of annual prequalification and any determination of supplemental prequalification status. This registry will be posted on the Division of Facilities Management's website at <http://dfm.delaware.gov>. All other information submitted by contractors or subcontractors will remain confidential to the fullest extent allowed by law.

### **Instructions and Information for Completing Parts 1 and 2 of *Application for Contractor/Subcontractor Annual Prequalification*:**

#### **PART 1 – GENERAL INFORMATION**

- Complete all questions completely and accurately. Please type or print legibly. Submit one original copy.

#### **PART 2 – CONTRACTOR/SUBCONTRACTOR CLASSIFICATION DETERMINATION OF MAXIMUM CONTRACT DOLLAR VALUE**

##### **Classification**

- For each classification requested, the contractor must submit a separate Part 2 of the form. (For example: if a contractor is submitting information to be classified as a General Contractor and a Carpentry Subcontractor, Part 2 must be completed for the General Contractor classification and then a separate Part 2 must be completed for the Carpentry Subcontractor classification.)

**IMPORTANT NOTE:** Although a General Contractor may be prequalified for other classifications through this process, there are other requirements detailed in Title 29, Section 6962(d)(10)b of the Delaware Code which control a General Contractor's ability to list themselves for more than one category on the Subcontractor's List of the Bid Form. Where necessary, these other requirements are evaluated on a case-by-case basis during the bid process.

- A list of the classifications (trades) for which the Department is accepting prequalification applications is provided in this section. On each application, please indicate the appropriate classification for prequalification by placing an "X" in the box next to that classification. Please see the regulations for annual prequalification for additional information concerning the classifications for which the Department is accepting applications. The regulations are available online at <http://dfm.delaware.gov>.

## **Classification Definitions:**

**Carpentry:** Performs all types of framing and finish carpentry work.

**Concrete:** Performs all phases of concrete work including form, placement and finish work.

**Controls:** Performs commercial HVAC control work.

**Demolition:** Performs demolition work on buildings and structures.

**Electric Power:** Performs commercial electrical work in a building including wiring, new panels, etc. (must be Delaware licensed).

**Flooring:** Performs floor preparation and installation of sheetgood, vinyl tile, ceramic tile and carpet.

**General Construction:** Provides oversight for all phases of a project; must have superintendent and/or foreman on payroll.

**Masonry:** Performs masonry work including brick, block, split block, stone work, grouting and minor concrete work.

**Mechanical:** Performs mechanical installations including boilers, heat pumps, air handling units, air conditioning systems, dehumidification and humidification systems in a commercial building.

**Painting/Wallcovering:** Performs interior/exterior painting with latex, oil and epoxy and wallpaper applications.

**Plumbing:** Performs plumbing work in a commercial building (must be a Delaware licensed plumbing contractor). Includes installation of water, gas and waste lines.

**Roofing:** Performs flat roof work on commercial buildings including EPDM and built-up, and sloped roofing systems including asphalt shingles.

**Site Work:** Performs excavation, grading, foundation preparation, parking lot preparation, drainage areas, retention ponds, etc. Must have current DNREC certifications to meet qualifications.

**Steel Erection:** Performs installation and erection of steel for commercial structures (including welding).

**Testing & Balancing:** Performs testing of various HVAC systems and adjusts them to achieve optimum performance. Firm must be NEBB or AABC certified for both air and hydronic (water).

## **Maximum Contract Dollar Value**

- The maximum contract dollar value assigned to a contractor for a particular classification represents the maximum amount for which the contractor or subcontractor may submit a bid. Additional regulations may apply. Please see the regulations for annual prequalification for additional information. The regulations are available online at <http://dfm.delaware.gov>.
- Maximum contract dollar value is based on the dollar value of completed projects submitted as part of this application as evidence of prior experience. With certain exceptions, a prequalified contractor or subcontractor may not submit bids on projects where prequalification is required and the estimated contract value exceeds the maximum contract dollar value assigned by the Department. Please see the regulations for annual prequalification for more information.
- For each classification in which an applicant seeks prequalification, the applicant shall provide documentation that he, she or it has the experience and expertise to perform the work and provide the services, labor, material, supplies or equipment generally associated with that classification.
- To enable the Department to assign maximum contract dollar value, acceptable documentation is limited to the following:
  1. A copy of an executed contract or subcontract and all change orders that increase or decrease the value of the submitted contract or subcontract, or;
  2. A schedule of all work, services, labor, materials, supplies and equipment associated with a specific project or projects, with signed final payment application, or;
  3. A certified letter from the owner associated with a project submitted as documentation under Part 2 of the prequalification application.

**Office of Management and Budget  
Division of Facilities Management**

**Application for Contractor/Subcontractor Annual Prequalification**

**Part 1:  
General Information**

Submitted by: \_\_\_\_\_

Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Office Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Delaware Business License Number: \_\_\_\_\_

Federal E.I. Number: \_\_\_\_\_

Please indicate if either of the following categories apply to your business:

**Minority-Owned Business Enterprise**

Delaware certified through Office of Minority and Women Business Enterprise

Yes - Certification No. \_\_\_\_\_  No

**Women-Owned Business Enterprise**

Delaware certified through Office of Minority and Women Business Enterprise

Yes - Certification No. \_\_\_\_\_  No

If you answered "No" to either of the above, and your organization is eligible to be certified through the Office of Minority and Women Business Enterprise, you are encouraged to apply for certification (see Addendum A). For more information on the certification of minority- and women-owned business enterprises, please visit <http://omwbe.delaware.gov/>.

1. How many years has your organization been in business in its present name? \_\_\_\_\_

2. Under what names has your organization operated in the past and for how long?  
\_\_\_\_\_  
\_\_\_\_\_

3. If your organization is a corporation, please answer the following:

- a. Date of incorporation \_\_\_\_\_
- b. State of incorporation \_\_\_\_\_
- c. Names of all officers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If your organization is a partnership, please answer the following:

- a. Date of organization \_\_\_\_\_
- b. Type of partnership \_\_\_\_\_
- c. Names of partners \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If your organization is individually owned, please answer the following:

- a. Date of organization \_\_\_\_\_
- b. Name of owner \_\_\_\_\_

6. List trade certifications, if applicable:  
\_\_\_\_\_  
\_\_\_\_\_

7. Claims and Suits

a. List any debarment or suspension by any government agency; please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. List any revocation or suspension of a license; please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. List any bankruptcy filings or proceedings by your organization or its officers; please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. List any final adjudication or admission of violations of prevailing wage laws in Delaware or any other state; please list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Submit a letter from your bonding company (must be on bonding company's letterhead) indicating the total maximum bonding capacity allowed for the trade or type of work you are applying to be prequalified for.
9. Submit the most recent audited financial statement and/or financial statement review containing a complete statement of your organization's financial status.
10. As part of the financial statement mentioned in #9 above, on a separate sheet of paper, include your organization's "Z" Score. The "Z" Score must be computed by the same firm that supplied the review of your financial statement or other recognized financial consultant. You must show all formulas and calculations used in computing your "Z" Score. **(Information regarding "Z" Score can be obtained at [www.creditworthy.com/topics/zscore.html](http://www.creditworthy.com/topics/zscore.html)).**

**PLEASE NOTE:** A "Z" Score less than 2.5 is grounds for automatic denial of prequalification. If a "Z" Score is between 2.5 and 3.0, we may request additional financial information to evaluate your status.

**Annual Prequalification - Part 2:  
Contractor/Subcontractor Classification and  
Determination of Maximum Contract Dollar Value**

Submitted by: \_\_\_\_\_

Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Federal E.I. Number: \_\_\_\_\_

**Contractor/Subcontractor Classification (See classification definitions in Overview and Instructions section)**

Please indicate the trade or type of work you are applying to be prequalified for by placing an “X” in the box next to that trade or type of work. **Do not check more than one trade or type of work.** A separate Part 2 - Application for Contractor/Subcontractor Annual Prequalification must be completed for each trade or type of work you are attempting prequalification for.

If this prequalification application is being submitted in response to a specific project, then please provide the following information:

- Project Title: \_\_\_\_\_
- Contract Number: \_\_\_\_\_

Classification (check one)	Years of experience as a contractor in this trade
<input type="checkbox"/> Carpentry	_____
<input type="checkbox"/> Concrete	_____
<input type="checkbox"/> Controls	_____
<input type="checkbox"/> Demolition	_____
<input type="checkbox"/> Electric Power	_____
<input type="checkbox"/> Flooring	_____
<input type="checkbox"/> General Construction	_____
<input type="checkbox"/> Masonry	_____
<input type="checkbox"/> Mechanical	_____
<input type="checkbox"/> Mechanical/Plumbing	_____
<input type="checkbox"/> Painting/Wallcovering	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Roofing	_____
<input type="checkbox"/> Site Work	_____
<input type="checkbox"/> Steel Erection	_____
<input type="checkbox"/> Testing & Balancing	_____

Provide license number for the noted trade, if applicable: \_\_\_\_\_.

**Project Information**

- Submit a separate Part 2 application for each classification requested.
- The maximum contract dollar value assigned by the Department will be higher if two or more completed projects are presented as examples of prior experience.
- Please see the regulations for annual prequalification for further information. The regulations can be obtained at <http://dfm.delaware.gov>.

**Project 1**

1. Project Name: \_\_\_\_\_
2. Project Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Project Duration: \_\_\_\_\_
4. Year Completed: \_\_\_\_\_
- 5a. Dollar Value: \_\_\_\_\_
- 5b. Dollar value based on (check one): (See Section 5.5 of the Regulations for acceptable forms of documentation.)
  - Copy of an executed contract or subcontract and all change orders that increase or decrease the value of the submitted contract
  - A schedule of all work, services, labor, materials, supplies and equipment associated with a specific project or projects, with signed final payment application
  - Certified letter from an owner verifying the total contract dollar value of all work, services, labor, materials, supplies and equipment associated with a specific project or projects
6. Owner Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Architect and/or Engineer Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Attach additional pages if necessary)**

**Project 2**

1. Project Name: \_\_\_\_\_

2. Project Location: \_\_\_\_\_  
\_\_\_\_\_

3. Project Duration: \_\_\_\_\_

4. Year Completed: \_\_\_\_\_

5a. Dollar Value: \_\_\_\_\_

5b. Dollar value based on (check one): (See Section 5.5 of the Regulations for acceptable forms of documentation.)

- Copy of an executed contract or subcontract and all change orders that increase or decrease the value of the submitted contract
- A schedule of all work, services, labor, materials, supplies and equipment associated with a specific project or projects, with signed final payment application
- Certified letter from an owner verifying the total contract dollar value of all work, services, labor, materials, supplies and equipment associated with a specific project or projects

6. Owner Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Architect and/or Engineer  
Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Attach additional pages if necessary)**

**This qualification statement must be signed by an officer/owner of the company.**

By: \_\_\_\_\_  
( Printed Name )

\_\_\_\_\_  
( Title )

\_\_\_\_\_  
( Authorized Signature )

Date: \_\_\_\_\_

## Addendum A

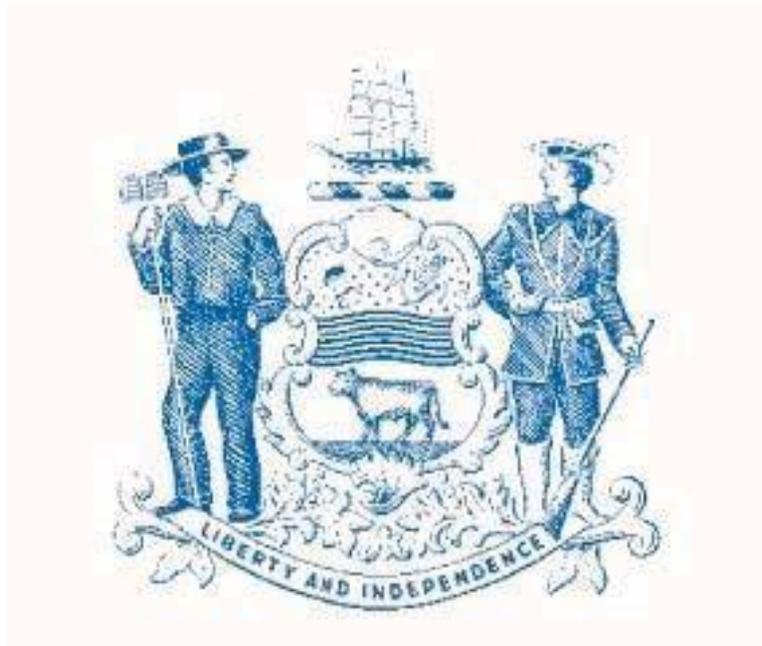


# OFFICE OF SUPPLIER DIVERSITY

**State of Delaware**

**Office of Supplier Diversity  
Certification Application**

**MBE, WBE, VOB, SDVOB, IWDBE**



**Complete application and mail, email or fax to:**

Office of Supplier Diversity (OSD)  
100 Enterprise Place, Suite 4  
Dover, DE 19904-8202  
Telephone: 302-857-4554 Fax: 302-677-7086  
Email: [osd@state.de.us](mailto:osd@state.de.us)  
Web site: <http://gss.omb.delaware.gov/osd/>

## **Important Information Please Read!**

### **Is my firm eligible?**

A minority, women, veteran, service disabled veteran, and/or individual with disability owned business (sole-proprietorship, partnership, corporation or joint venture) must meet the following criteria:

- a) Minority groups include: African Americans, Asian/Pacific Americans, Hispanic Americans, Native Americans, and Subcontinent Asian Americans.
- b) At least 51 percent owned, controlled and actively managed by minority, women, veteran, service disabled veteran, and/or individual with disability.
- c) Serving a for profit business with “useful business functions.”

An out-of-state company must first **be certified in its home state** before it can be considered for certification in Delaware. This must be a state-level certification, if available. Veteran and Service Disabled Veterans must first be verified by VetBiz.gov.

There is no fee for processing your application. In addition, free assistance is available. If you have questions about the application or your company’s qualifications, call (302) 857-4554.

If your business is certified by **Delaware Department of Transportation (DelDOT)**, **Maryland Department of Transportation (MDOT)**, **Pennsylvania Department of Transportation (PAUCP)**, the federal **Center for Veterans Enterprise ([VetBiz.gov](http://VetBiz.gov))**, the national corporate minority certifying entity **National Minority Supplier Development Council ([NMSDC](http://NMSDC))**, the national corporate women certifying entity **Women Business Enterprise National Council ([WBENC](http://WBENC))**, and/or in Delaware by **DelDOT** or **City of Wilmington**, there is a specialized application. You must also attach a copy of your other certification and mail all documents to the OSD.

Please note that it is extremely important to provide other certifying agency documentation. This can expedite the certification process.

## Document Request checklist

Unless otherwise indicated, copies of documents are sufficient.

Any deficiency may delay the certification process.

Certification generally takes four to six weeks.

An on-site visit. *(The OSD office may schedule an on-site visit once the completed application and appropriate supporting documentation have been received).*

<b>Documents to attach to your application</b>	<b>Sole Prop</b>	<b>Part/LLP</b>	<b>Corp/S-Corp</b>	<b>LLC</b>	<b>OSD Use</b>
Notarized Minority, Women, Veteran, Service Disabled Veteran, or Individual with DisAbility Business Enterprise Affidavit form (page 16)	Yes	Yes	Yes	Yes	
Copy of birth certificate, permanent resident card, passport or tribal memberships	Yes	Yes	Yes	Yes	
Copy of documentation of standing for Individuals with DisAbilities – please see the list of acceptable documentation on page 4	Yes	Yes	Yes	Yes	
Copy of other applicable certification from home state, if company headquarters are not in Delaware. ( <b>must</b> be a state level certification, if available)	Yes	Yes	Yes	Yes	
Copies of the Verification as a Veteran or Service Disabled Veteran documentation from VetBiz.gov for those seeking Veteran or Services Disabled Veteran certification	Yes	Yes	Yes	Yes	
Copies of any relevant licenses, certificates of training and degrees held by the company or its owners	Yes	Yes	Yes	Yes	
Partnership Agreement, including any amendments, buy-out rights as well as any profit sharing arrangements		Yes			
Articles of Incorporation with all amendments			Yes		
Minutes of the last annual shareholders meeting			Yes		
By-laws and By-law Amendments			Yes		
Copy of most recent Stock Ledger			Yes		
Copy of Certificate of Organization				Yes	
Copy of Operating Agreement				Yes	
<b>OPTIONAL INFORMATION –</b>					
Last two years of your firm’s tax returns (gross receipts), first page only.	Yes	Yes	Yes	Yes	

**Applications for Individuals with DisAbilities:**

In addition to the universal application materials contained in this application that all diverse suppliers provide, Individuals with Disabilities shall document their standing as being a member of the community (similarly to how minorities, women, veterans, and service disabled veterans document) by providing one (1) of the following in support of their standing as an Individual with DisAbility:

- A Certificate of Disability from the Delaware (or their home state's) Department of Labor, Division of Vocational rehabilitation, (The disability itself need not be revealed);
- A Certificate of Disability from the Delaware (or their home state's) Division of the Visually Impaired, (The disability itself need not be revealed);
- A letter from the U.S. Social Security Administration documenting that named individual is eligible to receive Social Security Disability Income. (the disability itself and the dollar amount of the SSDI can be redacted);
- A letter from a Medical Doctor (M.D.) documenting the person's name and the fact that they have a disability and the duration of the disability. (The disability itself need not be revealed); or
- Any other documentation of disability for review by the Office of Supplier Diversity for consideration to support the individual's standing as an Individual with DisAbility; such other documentation may or may not be determined to suffice. The Office of Supplier Diversity may outreach to local and national resource partners to verify the example of any other documentation without sharing the actual documents.

## Delaware Minority, Women and/or Veteran Business Enterprise Certification

### Certification Application

The following is the application for Minority, Women and/or Veteran Business Enterprise certification with the State of Delaware. All questions must be answered. Please type or print clearly.

**Questions that do not apply to your firm should be marked N/A in the space provided.** The Affidavit on page 16 must be signed and notarized by a Notary Public (most banks do this for free). Faxed copies of the Affidavit will only be accepted if the notary seal has the stamped seal with the expiration date visible. Otherwise, mail the original Affidavit with the raised seal to our office.

Please return the completed application with signature and required notarization to the address below:

**Office of Supplier Diversity**  
**100 Enterprise Place Suite 4**  
**Dover, DE 19904-8202**  
**Phone: 302-857-4554 Fax: 302-677-7086**  
**Web site: <http://gss.omb.delaware.gov/osd/>**

### Definitions

#### **Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with DisAbility Owned Business Enterprise**

Is a business that is at least 51 percent owned, controlled and actively managed by minority, women, veteran, service disabled veteran, and/or individual with disAbility group members who are United States citizens or persons lawfully admitted to the United States for permanent residence.

The business must be a for-profit business and currently be performing a useful function.

**Minorities** – United States citizens or permanent residents who are African Americans, Asian/Pacific Americans, Hispanic Americans, Native Americans, Subcontinent Asian Americans, or as defined herein:

**African (Black) Americans:** All persons having origins from any of the Black groups of Africa and all persons having origins in any of the original peoples of the Cape Verde Islands.

**Asian/Pacific Americans:** All persons having origins from any of the original peoples of the Far-East, Asia, or the Pacific Islands, including China, Japan, Korea, Samoa, Philippine Islands, and Hawaii, Guam, U.S. Trust Territories of the Pacific or the Northern Marianas.

**Hispanic Americans:** Persons having origins from any of the Spanish-speaking people of México, Puerto Rico, Cuba, Central or South America, or the Caribbean Islands.

**Native Americans:** All persons having origins from the original peoples of North America and who are recognized as Native Americans by a tribe or tribal organization.

**Subcontinent Asian Americans:** All persons whose ancestors originated in India, Pakistan or Bangladesh.

**Veteran:** An individual who has served in the United States military or has served in the National Guard of the United States for six months and has received a discharge other than a dishonorable discharge, and is verified through VetBiz.gov.

**Service Disabled Veteran:** An individual meeting the above criteria for Veteran, who is verified through VetBiz.gov as a Service Disabled Veteran.

**Individual with Disability:** standing is documented with the materials identified on page 4 above.

**Certification** - A determination by the OSD that a for-profit business entity is a Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Veteran Business Enterprise (VOBE), Service Disabled Veteran Owned Business Enterprise (SDVOBE), and/or an Individual with DisAbility Business Enterprise (IWDBE).

## **Delaware Minority, Women and/or Veteran Business Enterprise Certification**

### **Ownership**

The minority, woman or veteran ownership interest in the firm must be real, substantial and continuing and shall go beyond the pro forma ownership of the business as reflected in its ownership documents. The minority and women owners shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interest as demonstrated both by an examination of the substance and form of arrangements.

### **Control**

Control will be exemplified by possession of the requisite knowledge and expertise to run the particular business. Control includes the authority to determine the direction of a business, including but not limited to capital investments and all other financial transactions; property acquisitions; day-today decisions; contract negotiations; legal matters; selection and hiring of officers, directors, and employees; operating responsibility; cost-control; income and dividend matters; and the rights of other shareholders or partners.

The minority, women, and/or veteran owners must hold the highest officer position in their companies, example chief executive officer or president.

The minority, women, and/or veteran must demonstrate that they possess the experience, expertise and knowledge to operate their particular types of business.

Expertise limited to office management, administration, or bookkeeping functions unrelated to the principal business activities of the company is insufficient to demonstrate control. Veteran, women and/or minority owners must also verify that they hold any licenses or certification required by the type of business in which they are engaged.

**Minority Business Enterprise (MBE)** - A for profit business in which at least 51% of the beneficial ownership interest and control are held by a minority

or minorities. In the case of a corporation, minorities must hold at least 51% of voting interest.

### **Minority & Women Business Enterprise**

**(MWBE)** - A for-profit business in which at least 51% of beneficial interest and control is held by minority women or by an equal combination of minorities and women. In the case of a corporation, women and minorities must also hold at least 51% of voting interest.

**Women Business Enterprise (WBE)** - A for-profit business in which at least 51% of beneficial interest and control is held by women. In the case of a corporation, women must also hold at least 51% of the voting interest.

**Veteran Owned Business Enterprise (VOBE)** – A for-profit business which at least 51% of beneficial interest and control is held by veterans. In the case of a corporation, veterans must also hold at least 51% of the voting interest.

### **Service Disabled Veteran Owned Business**

**Enterprise (SDVOBE)** – A for-profit business which at least 51% of beneficial interest and control is held by serviced disabled veterans. In the case of a corporation, service disabled veterans must also hold at least 51% of the voting interest.

### **Individual with DisAbility Owned Business**

**Enterprise (IWDBE)** - A for-profit business which at least 51% of beneficial interest and control is held by individual(s) with disAbilities. In the case of a corporation, individuals with disAbilities must also hold at least 51% of the voting interest.

### **Useful Business Function**

A useful business function is one, which results in the provision of materials, supplies, equipment or services to consumers in the State. A business acting as a conduit to transfer funds to a non-minority business does not constitute a useful business function unless doing so is a normal industry practice.

## Delaware Minority, Women and/or Veteran Business Enterprise Certification

### Benefits of Certification

Current certified Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with DisAbility owned firms are eligible to be listed in the State of Delaware online Directory of Certified Businesses which is hosted on the Office of Supplier Diversity webpage and is available to government and public.

### Recertification

At the ends of three years from original certification date, firms must submit the recertification affidavit to remain actively visible in the State of Delaware's Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with DisAbility Owned Business Enterprise database.

### Eligibility

A Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with DisAbility Owned Business Enterprise (sole-proprietorship, partnership, corporation or joint venture) must meet the following criteria:

- a) At least 51 percent owned, controlled and actively managed by Minority group members (as defined on page 5), Women, Veterans, Service Disabled Veterans, and/or Individual with DisAbilities;
- b) Demonstrate ownership and control (as defined on pages 5 and 6); and
- c) Serve a for profit business with "useful business functions." (as defined on page 6),

**Reasons for denial** (*please note reasons for denial may include but are not limited to only the below*)

- a) A business located in a state other than Delaware must first obtain state-level certification in its home state, if such certification is available. "Home state" is defined as the state the company's headquarters are located.
- b) All securities, which constitute ownership and/or control of a corporation for the purpose of establishing it as an eligible firm, must be held directly by Minorities, Women, Veterans, Service Disabled Veterans, and/or

Individuals with DisAbility. No securities held in trust, or by a guardian for a minor, shall be considered as held by a Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with DisAbility in determining the ownership or control of the business enterprise.

- c) If the business operations do not reflect the ownership shown on paper.
- d) Firm is not a for-profit business
- e) Firm has provided false or misleading information
- f) Control will not be deemed to exist in cases of simple majority or absentee ownership, or when a non-minority/non-female/non-veteran/non-individual with disAbility owner or employee of the firm is disproportionately responsible for its operation.
- g) The firm shall not be subject to any formal or informal restrictions through, for example through, by-laws provisions, partnership agreements, or charter requirements for cumulative voting rights or otherwise that prevents the minority and women owners, without the cooperation or vote of any owner who is not a minority or women for making a business decision of the firm.
- h) If the owners of the firm who are not Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with DisAbility are disproportionately responsible for the operation of the firm, then the firm is not controlled by and shall not be considered as eligible within the meaning of the definition. Where the actual management of the firm is contracted out to individuals other than the owner, those persons who have the ultimate power to hire and fire the managers, can, for the purpose of this definition be considered as controlling the business.
- i) The certification application was submitted incomplete.

## Delaware Minority, Women and/or Veteran Business Enterprise Certification

### How to Apply

Applications and additional information are available by calling the Office of Supplier Diversity at 302-857-4554 or visiting the web site:

<http://gss.omb.delaware.gov/osd/>

Fully complete an application for certification and provide required documentation as identified or defined above. Provide access to its business facilities and key personnel for state certification on-site visit if requested.

### WHERE TO APPLY:

Submit completed applications to:

Office of Supplier Diversity  
100 Enterprise Place, Suite 4  
Dover, Delaware 19904-8202

### Frequently Asked Questions

Q: Does certification cost money?

A: No

Q: Are there any set asides for this group?

A: No

Q: Does my certification expire?

A: Yes, at the end of three years from original certification date.

Q: Will I be notified of all procurement opportunities?

A: No, however, the OSD will continue to research bid opportunities and assist in your effort. We are consistently working on ways to improve communication but strongly encourage you to visit the respective resources.

Q: What is the best way to communicate with the OSD?

A: Email. Please check your email and [bids.delaware.gov](http://bids.delaware.gov) daily for procurement opportunities.

Q: Do I have to register with any other agency?

A: Yes. There are multiple agencies that have their own bidders list. Please check OSD's web site for each respective agency. For example, Government Support Services (GSS), the Division of Facilities Management (DFM), and the Department of Technology and Information (DTI) have vendor registration processes.

State of Delaware Supplier Diversity Application

All completed applications must be returned with the appropriate requested documents listed.

**Please type or print clearly**

OSD use only: Application Date: \_\_\_\_\_

Mail application to:

Office of Supplier Diversity (OSD)

100 Enterprise Place, Suite 4, Dover, DE 19904-8202

Telephone: 302-857-4554 Fax: 302-677-7086

Email: [osd@state.de.us](mailto:osd@state.de.us)

Web site: <http://gss.omb.delaware.gov/osd/>

If you have any questions regarding the completion of this application, please contact us at [osd@state.de.us](mailto:osd@state.de.us) .

**Note – This section must be filled out in its entirety for the application to be processed. Incomplete applications will not be processed.**

There are questions that are OPTIONAL and they are clearly identified

<b>1. Business Name(s), Contact Information, Federal Employee Identification Number or Social Security Number(FEIN/SSN)</b>			
Legal Name of Firm:			
Doing Business As (If applicable):			
Federal E.IN or SSN:		E-Mail Address:	
Address line 1:			
Address line 2:			
City		State	Zip Code
Country			
Telephone Number:		Extension:	Fax Number:
Company Web Site Address:			
Corp	<input type="checkbox"/>	LLC*	<input type="checkbox"/>
S Corp	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
LLP**	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>
Joint Venture	<input type="checkbox"/>		<input type="checkbox"/>
Date firm was established?			
Date firm began doing business (date of first contract or sale)			

\* Limited Liability Corporation

\*\* Limited Liability Partnership

<b>2. Primary owner applicant information</b>		Percentage of ownership:	
Name:		Title:	
Home Address:	City:	State:	Zip Code:
Telephone Number:		Extension:	Fax Number:
E-Mail Address:			
Date owner acquired controlling interest?			
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Ethnic Group:	
U.S. Citizen or Permanent Resident:		<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>3. Firm is applying as:</b>			
<b>Minority Business Enterprise</b>		<b>Women Business Enterprise</b>	
<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American
<input type="checkbox"/> Subcontinent Asian		<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> White American
		<input type="checkbox"/>	
<input type="checkbox"/> Veteran Owned Enterprise		<input type="checkbox"/> Individual with DisAbility	
<input type="checkbox"/> Service Disabled Veteran Enterprise			

<p><b>4. Describe, in detail, what product(s) and/or services your business provides. Include a list of KEYWORDS that a buyer would search to find your goods or services. Please note the below capabilities narrative will be posted on the OSD web site. (use up to 2,500 characters including space and punctuation) Use a separate sheet if needed (please do not only provide a capabilities statement or brochure)</b></p>

**5. Six digit North American Industry Classification System (NAICS) Code(s):**  
 (To assist you in determining your NAICS Code(s) go to [www.census.gov/naics](http://www.census.gov/naics))

1.	2.	3.	4.	5.	6.
7.	8.	9.	10.	11.	12.

**6. Type of Business**

<input type="checkbox"/> Building trade	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other
<input type="checkbox"/> Consultant	<input type="checkbox"/> Supplier	
<input type="checkbox"/> Generalized service	<input type="checkbox"/> Highway Construction	
<input type="checkbox"/> Licensed professional services		

7. (this question intentionally left blank)

8. Has your office ever been denied by OSD? Yes  No

9. Please indicate which organization your firm is certified by.

DelDOT/PAUCP/MDOT <input type="checkbox"/>	NMSDC <input type="checkbox"/>	PA MWBE <input type="checkbox"/>	WBNEC <input type="checkbox"/>	City of Wilmington <input type="checkbox"/>
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Other Certifications (please attach additional paper if necessary)


10. Are there any written, oral, or implied agreements between persons associated in any manner with the firm concerning its ownership and/or operation? (check one)  No  Yes

11. OPTIONAL Please list the gross receipts of last two years

(A) Year Ending:                      Gross Receipts:

(B) Year Ending:                      Gross Receipts:

12. OPTIONAL Include number of employees for those years

Full time:    Part time:    Seasonal (approximate):

Full time:    Part time:    Seasonal (approximate):

**13. List names and titles of persons who perform the following functions. If more than one, indicate what percent each person handles.**

	Name	Ethnicity	Gender
Financial Decisions			
Estimating & Bidding			
Negotiating & Contract Execution			
Personnel Management			
Field/Production Operations Supervisor			
Office Management			
Marketing/Sales			
Purchasing of Major Equipment			
Authorized to Sign Company Checks (for any purpose)			

**14. OPTIONAL Identify persons or firms who provide Legal, Accounting, and Banking services:**

<b>Attorney:</b>		Contact:	
Phone:	Fax:	Email:	
Address:			
<b>Accountant:</b>		Contact:	
Phone:	Fax:	Email:	
Address:			
<b>Bank:</b>		Contact:	
Phone:	Fax:		
Address:			

**15. If the business is a corporation or LLC, please list the following information:**

- a. Total shares authorized:
- b. Total shares issued to date:
- c. Are there any restrictions that limit the voting rights of ethnic minority group members, who are shareholders, within the By-laws or Articles of Incorporation, or any other documents?  No  Yes *(If yes, please explain below)*

**16. OPTIONAL List the three largest contracts or sales completed by the firm during the last three years. List each customer's name and company or organization, the dollar amount of each contract or sale, and the date completed. If any are subcontracts, provide the name of the firm to which you subcontracted.**

**a) Company or Individual:**

**Address, City, State:**

<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
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**Description & Amount:**

**b) Company or Individual:**

**Address, City, State:**

<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
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**Description & Amount:**

**c) Company or Individual:**

**Address, City, State:**

<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
---------------	-------------	---------------

**Description & Amount:**

**17. Has this firm or other firm(s) owned by any of its current owners or officers ever been denied certification by the OSD or any other certifying entity (check one)?**  No;  Yes *(If yes, provide the name of the certifying organization and the reason(s) given for denial, below. Attach copies of any relevant documents (letters, appeal documents, etc.).*

**18. Debarment: Is this company, or any other company owned in full or part by any of this company's owners and/or officers, currently prohibited from doing business with the State of Delaware (i.e., license revocation or denial)?**  No;  Yes.

**19. Is the Business certified as an MBE/WBE/VOBE/SDVOBE/IWDBE/DBE with any other certifying agency? If yes, provide the name(s) of the certifying organization(s), below, and attach letters or other documents verifying such certification.**

No  Yes

Name	Date Certified	Expiration Date
a.		
b.		
c.		
d.		
e.		
f.		

**20a. Is the business classified as a small business as identified by The regulations specifying size standards and governing their use are set forth in Title 13, Code of Federal Regulations, part 121 (13 CFR part121), Small Business Size Regulations. For more information please visit <http://www.sba.gov/content/what-aresmall-business-size-standards>**

No  Yes

**20b. Is the business registered with the System for Award Management <http://www.sam.gov>(Please provide proof of registration)**

No  Yes

**21. How did you hear about the Office of Supplier Diversity:**

- |  |   |
|--|---|
| <input type="checkbox"/> OSD staff speak at an event sponsored by another organization | <input type="checkbox"/> OSD staff at a trade show or expo      |
| <input type="checkbox"/> OSD's web site  | <input type="checkbox"/> Materials published by OSD             |
| <input type="checkbox"/> Referred by another organization                              | <input type="checkbox"/> Referred by the owner of an MBE or WBE |
| <input type="checkbox"/> Delaware state employee                                       | <input type="checkbox"/> Other, please explain briefly:         |

OPTIONAL QUESTIONS

You are not required to answer the following questions and the answers will not affect your company’s eligibility for certification. However, the answers will help OSD to identify business opportunities that may be suited to your company. Answers may be estimated; exact figures aren’t necessary.

OPTIONAL QUESTIONS	
<b>For all companies</b>	
How many years has your company been conducting business with you as owner?	
How many contracts, subcontracts, and/or sales has your company completed during the last 12 months?	
What is the largest contract, subcontract, or sale your company completed in the past 24 months?	
Has your company done any business with government?	<input type="checkbox"/> No; <input type="checkbox"/> Yes
If yes, what level of government (check all that apply):	<input type="checkbox"/> Federal; <input type="checkbox"/> State; <input type="checkbox"/> Local
Has your company done any business with government in the State of Delaware?	<input type="checkbox"/> No; <input type="checkbox"/> Yes
Number of government contracts, subcontracts, or sales completed (estimate):	
<b>For Construction-Related Companies Only (not including suppliers of construction materials)</b>	
What is your company’s bonding capacity? \$	(indicate “unknown” if you do not know)
What % of your business is direct contracting?	
What % of your business is subcontracting?	

## State of Delaware Office of Supplier Diversity (OSD) Affidavit

Hereafter, "the Business" refers to

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Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority, veteran and/or woman status of the business and do herein certify under penalty imposed by Delaware statutes that the information provided is correct and said information herein may be used for the purposes of certifying the business as a Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with DisAbility Business Enterprise. Any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the OSD office any such materials that may be required to substantiate the degree of minority, veteran and women ownership and control of the business. I agree to arrange for on-site inspections of the business' facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the business to the OSD office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation might result in the decertification of the business.

I understand that the certification expiration is three years following the initial date of certification. I further understand that the business must apply for recertification prior to the expiration.

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Type or Print Name of Owner

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Signature of Owner

Date

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Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ a.d.  
Month, Year

Signed \_\_\_\_\_  
PUBLIC IN AND FOR THE

County of \_\_\_\_\_

State \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Date

NOTARY

Notary Seal

