

Minority Business Enterprise (MBE) Re-Certification Application

GRAND CANYON MINORITY SUPPLIER
DEVELOPMENT COUNCIL, INC.

Regional affiliate of the

NATIONAL MINORITY SUPPLIER DEVELOPMENT
COUNCIL, INC.

*Please contact our office for information about our
REFERRAL & AWARDS PROGRAMS*

*Thank you for continuing to have our Council to serve your
certification needs!*

Re- Certification Fees – effective February 2008

ANNUAL SALES LESS THAN \$1 MILLION CLASS 1 - \$200
ANNUAL SALES BETWEEN \$1 MILLION AND \$10 MILLION... CLASS 2 - \$500
ANNUAL SALES BETWEEN \$10 MILLION AND \$50 MILLION..CLASS 3 - \$850
ANNUAL SALES GREATER THAN \$50 MILLION..... CLASS 4 - \$1,150

Special Note: All current certification files will be converted to a January through December certification period. Going forward, all recertification applications will be due no later than November 30th of each year. If a recertification application has not been received by January 31st for a current file, the file will be modified as inactive in the database, and not available to buyers, until the recertification application is received and processed. Recertification applications received after November 30th will be assessed a \$50.00 late fee for each month it is late, and the certification certificate will reflect the eligible months. If any current file is not recertified within a year from the last certification date, the file will be purged from our system, and the applicant (s) will be required to submit a new application for MBE certification. During this transition, all recertifications will be pro-rated according the MBE Class of the firm as listed above. To calculate the recertification fee, use the following formula: Class Fee * Divided by 12 x Number of months remaining in the year = Fee Due

*If you have any questions about the fee before you submit it, please call our office: (602) 495-9950

NMSDC RECERTIFICATION APPLICATION

Directions: Please fill out the application and submit your company's most recent IRS tax return, along with the non-refundable recertification fee.

**** (see cover page 1 and page 3 for applicable fees) ****

1. COMPANY NAME: _____ DATE: _____
2. CERTIFICATE NUMBER: _____
3. PARENT COMPANY (if apply): _____
4. CERTIFICATE NUMBER: _____
5. MAILING ADDRESS: _____
6. CITY, STATE, ZIP: _____
7. STREET ADDRESS: _____
8. CITY, STATE, ZIP: _____
9. PHONE NUMBER: _____ FAX NUMBER: _____
10. Email Address: _____ WEB ADDRESS: _____
11. Owners/Principals:

Name/Title	Ethnic Origin*	Male / Female	US Citizen? Yes or No	Years of Ownership	Ownership % (must total 100%)	Voting %

*White, Black, Asian, Native American, Hispanic

12. SEND MAIL TO: _____

13. NAIC CODE(S): _____
www.naics.com or www.census.gov/naics

14. PRODUCT/SERVICE DESCRIPTION:

15. Type of Business: Check primary function. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Brokers/Agents (BA) | <input type="checkbox"/> Manufacturer (MF) |
| <input type="checkbox"/> Construction Contractor (CC) | <input type="checkbox"/> Manufacturer's Rep (MR) |
| <input type="checkbox"/> Consultant/Professionals | <input type="checkbox"/> Service Contractor (SC) |
| <input type="checkbox"/> Distributor (DS) | <input type="checkbox"/> Other: |

16. NO. OF EMPLOYEES: _____ NO. OF MINORITY EMPLOYEES: _____

17. BUSINESS STRUCTURE: _____
 (Firm's legal structure: Sole Prop, Partnership, LLP, LLC, S Corp, C Corp)

18. GEO. MKT: _____ FEDERAL Tax Number: _____

19. YEAR ESTABLISHED: _____ ANNUAL SALES: _____

20. RMSDC: _____ OTHER CERTIFICATIONS: _____

21. REFERENCES (complete if you want to add/update):

COMPANY: _____

LOCATION: _____

22. TAX DOCUMENTS. THE COUNCIL (check one that applies): **

- Received Tax forms at Council office (date) _____
- Received CERTIFIED PUBLIC ACCOUNTING FIRM (CPA) Letter attesting to the accuracy of the information.
- Reviewed at Council site site agreed upon.
Date of review: _____ Staff Name: _____
- Reviewed at MBE site
Date of review: _____ Staff Name: _____

PLEASE CHECK ONE BOX ONLY!

[] I hereby affirm that no changes have taken place in the minority ownership, control or management my company since last certified.

[] I hereby attest that changes have taken place in the minority ownership, control or management of my company since last certified. Documentation is enclosed.

Principal's Signature

Date

Principal's Name and Title (Please Print)

*By signature above, I understand that the recertification fee is included and is non-refundable. Our fee submitted is in accordance with our MBE Class for Annuals Sales as listed below.

Re- Certification Fees (Please check the applicable Class)

- ANNUAL SALES LESS THAN \$1 MILLION CLASS 1 - \$200
- ANNUAL SALES BETWEEN \$1 MILLION AND \$10 MILLION... CLASS 2 - \$500
- ANNUAL SALES BETWEEN \$10 MILLION AND \$50 MILLION..CLASS 3 - \$850
- ANNUAL SALES GREATER THAN \$50 MILLION..... CLASS 4 - \$1,150

*For Prorates, use the following formula:

Class Fee * Divided by 12 x Number of months remaining in the year = Fee Due

PLEASE REMEMBER: ANY CHANGE IN OWNERSHIP, CONTROL OR MANAGEMENT WHICH COULD AFFECT YOUR CERTIFICATION STATUS AND NOT REPORTED WITHIN 30 DAYS OF CHANGE WILL RESULT IN YOUR IMMEDIATE DECERTIFICATION.

**Business Structure	Tax Form Required
S Corporation	1120S
C Corporation	1120
Sole Proprietorship	1040
Partnership LLC	1065
Corporation LLC	1120