

Minority Business Enterprise (MBE) Reciprocal (Out-of-State) Application

GRAND CANYON MINORITY SUPPLIER DEVELOPMENT
COUNCIL, INC.

Regional affiliate of the

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.

Reciprocal Out-of-State Based MBEs – The certification expiration date for MBEs that apply for reciprocal certification, and are based outside of the State of Arizona, will always coincide and expire when the MBE’s home state council certification expires. The fee for Reciprocal MBE certification is the same as for Arizona Based MBE certification; however, all reciprocal certifications will be pro-rated according the MBE Class of the firm as listed below.

Please use the following *formula below to calculate your fee, based on the month when we receive your application and how many months are left on your home certification expiration date. If you have any questions, or are not quite sure how the formula works, please call us before you send in your certification fee at (602) 495-9950.

Formula

***(Class Fee) ÷ 12 X # months remaining on your current certification = Fee Due**

- * 1) Locate the Class below that indicates your annual sales from your most recent taxes
- 2) Divide the Fee listed next to the class by 12
- 3) Then multiply that number times (x) the number of months left on your current Certification

Sample Below: (rounded up)

$\$200 \div 12 = \$16.66 \times 9 \text{ months left} = \underline{\$150}$ (That would be the fee submitted)

Reciprocal Certification Fees – effective March 2008

ANNUAL SALES LESS THAN \$1 MILLION	CLASS 1	<input type="checkbox"/>	- \$200
ANNUAL SALES BETWEEN \$1 MILLION AND \$10 MILLION.....	CLASS 2	<input type="checkbox"/>	- \$500
ANNUAL SALES BETWEEN \$10 MILLION AND \$50 MILLION.....	CLASS 3	<input type="checkbox"/>	- \$850
ANNUAL SALES GREATER THAN \$50 MILLION.....	CLASS 4	<input type="checkbox"/>	- \$1,150

***If you have any questions about the fees due prior to submitting your certification fee, please call our office at (602) 495-9950**

National Minority Supplier Development Council

MBE RECIPROCAL CERTIFICATION APPLICATION

Date of Application: _____

Check #: _____

SECTION I

Name of Firm: _____

Name of Owner: _____ Title: _____

Other Contact: _____ Title: _____

Send mail to (name): _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (_____) _____ Business Fax: (_____) _____

E-Mail Address: _____ Web Site Address: _____

Year Firm Established: _____

Method of acquisition: (check one) Date of Acquisition: _____

- Bought existing business Started new business Secured a franchise
 Merger or Consolidation Other (please specify) _____

Federal Tax ID/SSN: _____ SIC Codes :(required information) _____

8(a) Certified? Yes No Sinking Fund No.: _____ Contract Termination Date: _____

No. of full time employees: _____ No. of part time employees: _____ No. of Minority employees: _____

List all Councils you are currently certified with, date of certification & certification number:

Council: _____	Date Certified: _____	Certification No.: _____
_____	_____	_____
_____	_____	_____

SECTION II

Geographical Market: (check as applicable & list states, countries, etc. in which the firm is capable of serving)

- Local: _____ Regional: _____
 National: _____ International: _____

Business Structure: (check one)

- Corporation
 Individual of Individual d/b/a
 Joint Venture
 Partnership
 Sole Proprietorship

Business Type: (check primary function)

- Brokers/Agents Manufacturer
 Construction Contractor Mfg.'s Representative
 Consultants/Professionals Services Contractor
 Distributor Other: _____

Nature of Business :(provide full descriptive information & relevant NAICS or SIC Codes) _____

Minority Ownership: (**Specify the ethnic origin and % of ownership of the person(s) who own & control the firm.**)

Are Majority Owners Citizens of the United States? Yes No (include proof)

- | | |
|--|--|
| <input type="checkbox"/> Asian-Indian Male: _____% | <input type="checkbox"/> Asian-Indian Female: _____% |
| <input type="checkbox"/> Asian-Pacific Male: _____% | <input type="checkbox"/> Asian-Pacific Female: _____% |
| <input type="checkbox"/> African American Male: _____% | <input type="checkbox"/> African American Female: _____% |
| <input type="checkbox"/> Hispanic Male: _____% | <input type="checkbox"/> Hispanic Female: _____% |
| <input type="checkbox"/> Native American Male: _____% | <input type="checkbox"/> Native American Female: _____% |

Ethnic group status shall be determined on the basis of the definition in the guidelines. Provide documentation, i.e., birth certificate, and any and all such materials to show ethnic group status as described above.

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____, as well as the ownership there of. Further, the undersigned agrees to provide, through the prime contractor or, if no prime contractor, directly to the grantee current, complete and accurate information regarding actual work performed on the project, the payment therefor and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm.

I am executing this affidavit, and state that I am properly authorized by (name of firm) _____ to execute the affidavit and am doing so as a free act and deed.

Furthermore, I understand that I may **not**:

- a. Fraudulently obtain, retain, and attempt to neither obtain nor aid in fraudulently obtaining or retaining or attempting to obtain minority business enterprise certification.
- b. Willfully make a false statement, whether by affidavit, report, or other representation, to state official or employee for the purpose of influencing the certification or denial of certification of any entity as a minority business enterprise.
- c. Willfully obstruct, impede, or attempt to obstruct or impede any state official or employee who is investigating the qualifications of a business entity which had requested certification as a minority business enterprise.
- d. Any material misrepresentation will be grounds for initiating action under Federal or State laws concerning false statements.

SIGNATURE: _____

NAME: _____ **TITLE:** _____ **DATE:** _____

CORPORATE SEAL (where appropriate)

DATE: _____

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 19____ before me appeared (name) _____

(SEAL)

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____