

**City of Jacksonville (COJ),
Jacksonville Small Emerging
Business (JSEB) Program
Instructions and Application
Ordinance 2021-117E**



IMPORTANT INFORMATION

This application is required for certification with the City of Jacksonville utilizing the above numbered Ordinance enacted on April 2021.

This application is to be completed by: (i) businesses applying for initial JSEB certification; (ii) businesses that have had changes in the ownership, control or independence of the business since last certified by the City of Jacksonville.

Please Be Advised that under Florida's Public Record's Laws any information sent to the City of Jacksonville is considered a public record and is subject to disclosure under these laws, except for statutorily express exemptions. Any information deemed confidential and exempt from this law will be redacted.

INSTRUCTIONS FOR COMPLETING

1. Prior to submission of the application, the business must register with the City's online procurement system. Go to [Jacksonville.gov - Supplier Portal](https://www.jacksonville.gov/SupplierPortal) 1-Cloud Supplier Portal and follow the registration procedures completely.
2. Submit the original application in ink or typewritten.
3. Answer every question completely. Additional responses may be attached. Indicate questions which do not apply to the applicant's business with "N/A."
4. Provide all documents requested simultaneously with the submission of the application.
5. The owner must sign the application and have it notarized. The Notary Public cannot be a relative of the owner or an owner, officer, or director of the business.
6. Failure to complete the application as instructed will delay processing and may result in denial of JSEB certification.
7. Certified JSEBs must provide written notification to the Jacksonville Small and Emerging Business Office (JSEB) of any changes, such as changes in business name, address, ownership, control, residency, licensure, or conflicts of interest, within 10 business days after the change.
8. Per enacting legislation, all certified JSEBs must meet educational requirements to remain in the program.

Completion of the application determines the business agrees to abide by the requirements of Chapter 126, Part 6, Jacksonville Ordinance Code, and that, upon application approval and receipt of a certification letter indicating the period of certification regarding the same, it is the business' responsibility, with or without notification, to submit an affidavit for re-certification within 60 calendar days before the date on which the period of certification ends or expires.

City of Jacksonville (FL) Jacksonville Small Emerging Business (JSEB) CERTIFICATION

- EVERY space on the application must be completely filled out (or use N/A); then must be notarized on the specified pages.
- Forms for Primary owner; signed and then the document(s) must be notarized.
- The Self- Classify Information form is OPTIONAL & is for INTERNAL USE ONLY. This information is for internal data collection purposes only.

Copies of the following documents are required when submitting your application:

CHECKLIST

√/ or NA	SUPPORTING DOCUMENTS NEEDED
	1. IRS form W-9 completed (use firm Tax ID number ONLY) and signed
	2. Driver's License (preferred) or state issued photo ID for Primary owner
	3. Proof of citizenship for primary owner: Birth Certificate, Voter's Registration Card, Permanent Resident Alien Status, Passport, or Naturalization Papers
	4. Proof of residency for Non-Homeowners: 4.1 Rental agreement 4.2 Declaration of Domicile obtained at the court House.
	5. Last three years of complete Business Federal Tax Returns for Primary owner
	6. Current Business Tax Receipt
	7. Current Professional and Special License(s) are REQUIRED for primary owner
	8. Capabilities Statement. Visit Jacksonville.gov - JSEB Application to retrieve the Capabilities Statement template.
	9. Business Bank Verification: A letter from the financial institution authenticating business account.
	10. Current Florida Department of Revenue Forms DR-11 and DR-13 (for Suppliers)
	11. Current Resume
	12. Three executed contracts, purchase orders or relevant invoices
	13. Building / office lease / rental agreement for business site (if applicable) Receipt for lease / rental payment for business site (latest month only)
	14. List of equipment, assets, inventory with the approximate value, owned by the firm.
	15. List other relevant documents

**CITY OF JACKSONVILLE (FL)
SMALL & EMERGING BUSINESS OFFICE
FINANCE & ADMINISTRATION DEPT.
Certification Application
214 N. Hogan Street, 8th FL Jacksonville, FL 32202
(904) 255-8840**



Complete name of business: _____

Address of business: _____

Business's tax ID number: _____

Telephone number: _____

Fax number: _____

Cell number: _____

Company website: _____

Date established _____

(month) (day) (year)

Owner's name: _____

Title: _____

Address of owner: _____

Owner's Email address: _____

1. Type of business:
- Corporation / S Corp
 - Partnership
 - Limited Liability Company
 - Sole Proprietorship

2. List any previous names of the business and their Tax ID numbers:

Completion of the application determines the business agrees to abide by the requirements of Chapter 126, Part 6, Jacksonville Ordinance Code, and that, upon application approval and receipt of a certification letter indicating the period of certification regarding the same, it is the business' responsibility, with or without notification, to submit an affidavit for re-certification within 60 calendar days before the date on which the period of certification ends or expires.

3. List ALL commodities provided by the business, listing PRIMARY services FIRST. NIGP Commodity and Service Codes can be found on

Jacksonville.gov - NIGP Code Search

Code	Description	Code	Description

4. List all licenses (or collectively held "licenses") required to legally perform all work and/or services listed herein?

License	Name of License Holder	Expiration
<i>Business Tax Receipt</i>		

5. Number of employees: self only or self plus: full-time____; part-time _____

6. Geographical areas the business has served and is currently serving:

States: _____

Florida counties: _____

7. The business has _____ Shares of Stock at \$ _____ Par Value.

8. Identify all owners of the business:

NAME	YEARS OF OWNERSHIP	% OWNED	VOTING %	ANNUAL COMPENSATION

9. Identify each officer of the business:

TITLE	NAME	ALSO EMPLOYED BY
PRESIDENT		
VICE-PRES.		
SECRETARY		
TREASURER		
DIRECTOR		

10. Are any current owners, officers, directors, management officials, or employees related to, or have they previously been owners, officers, directors, management officials, or employees of any business with whom you transact business or rely upon for financial or technical assistance?

Yes No

If yes, list the business(s) and explain the relationship:

11. Identify those individuals who make and have control of the following management and policy decisions on a **DAY-TO-DAY** basis:

Responsibility	Name	Title
Policy Making		
Financial Decisions		
Personnel Decisions		
Signs Payroll		
Contractual Decisions		
Signs for Surety Bonds and Insurance		

12. To participate in the JSEB program, the annual gross receipts of the applicant business and its "affiliates" must be below limits established by Jacksonville Ordinance. The following questions, as well as the criteria found in CFR Part 121, will be used to determine if your business has any affiliates:

- | | |
|--|---|
| a. Does the owner(s) having control of the applicant business own, control or have the power to control 51 percent or more of the voting stock of another business? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| b. Do the bylaws of the applicant business allow a stockholder with less than 51 percent of the voting stock (who is also the controlling owner of another business) to block any action taken by other stockholders? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| c. Does the owner(s) having control of the applicant business have the ability to control another business through stock options, articles of incorporation, bylaws, voting trusts, convertible debentures, agreements to merge, or other third party agreements? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| d. Do other individuals or businesses have the ability to control the applicant business for the same reasons as listed in the proceeding question? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| e. Does the applicant business share common officers, directors, or key employees / managers with any other business, such that either business has the ability to control the board of directors and / or management of the other? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| f. Is the applicant business dependent upon another business for contracts, financial, or other business assistance; or is any other business dependent upon the applicant business for the same reason(s)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| g. Does the owner(s) having control of the applicant business have a family member who has a controlling interest in another business and the two businesses share employees, facilities, officers, directors, owners or engage in inter-business transactions | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

13. If any item in question 13 is answered YES, an affiliate relationship exists. List the parties / companies involved and explain the relationships between the applicant and affiliate businesses.

14. List the GROSS RECEIPTS (as shown on your business tax forms) of the applicant business (and all affiliates identified in question 15) for the past three years.

	(A) APPLICANT BUSINESS	(B) AFFILIATE'S NAME:	(C) AFFILIATE'S NAME:
(1) YEAR ENDING 20____	\$ _____	_____ _____ \$ _____	_____ _____ \$ _____
(2) YEAR ENDING 20____	\$ _____	\$ _____	\$ _____
(3) YEAR ENDING 20____	\$ _____	\$ _____	\$ _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

15. Specify the applicant business' bonding company and limits (if applicable):

\$ _____

16. Company checking/account institution.

17. To ensure your ability to perform the services listed herein, identify AT LEAST FOUR of the largest projects in dollar amount, executed (signed) by the applicant business during the last two years. Attach copies of relevant pages from contracts for each project identified to indicate the contract/project number, price, scope of work and parties / signatories (if you utilize invoices, please supply them).

AMOUNT	SCOPE OF WORK	DATE	CITY/STATE	CONTRACTOR

18. Provide the following information on work completed or underway for the City of Jacksonville within the last three years.

PRIME	PROJECT NAME, NO., or BRIEF DESCRIPTION	AMOUNT	DATE

19. Is your business a supplier or distributor? Yes No
 Does your business stock the items sold? Yes No
 Do you have a warehouse? Yes No
 Is your business? Wholesale
 Retail
 Other

Dollar value of inventory \$ _____ Average (explain) _____

Supplier/Distributor see JSEB Certification item 14 on checklist

20. Are there any written, oral or tacit agreements concerning the ownership, control or financial operations of the applicant business? Yes No

If yes, explain and attach copies of all such agreements.

AFFIDAVIT AND AUTHORIZATION

The undersigned swears that the initial and any supplemental information, statements and documents provided are: (i) provided in an effort to induce the grant of JSEB certification with the City of Jacksonville; and (ii) true and correct and include all material information necessary to identify and explain the operations of the undersigned's business, as well as the ownership thereof. Subsequent to receiving certification as a JSEB, the undersigned agrees to abide by all applicable federal, state and local laws, statutes, ordinances, rules and regulations, to abide by the requirements contained herein and to provide to the City of Jacksonville current, complete and accurate information regarding actual work performed on any City of Jacksonville project, the payment therefore and any proposed changes, if any, and to permit the audit and examination of books, records and files of the undersigned business upon the City of Jacksonville's reasonable notice and/or request for the same.

The undersigned hereby authorize(s) and request(s) any person, business or corporation to furnish any pertinent information requested by the City of Jacksonville deemed necessary to verify the statement made in this application or regarding the ability, standing and general reputation of the applicant.

I understand according to § 337.135, F.S., as may be amended from time to time, it is unlawful for any individual to fraudulently represent an entity as a small or socially and economically disadvantaged business enterprise for the purposes of qualifying for certification designed to assist small or socially and economically disadvantaged business enterprises in the receipt of contracts for the provision of goods and services. Any person who violated this section is guilty of a felony of the second degree, punishable in §§ 775.082, 775.083, or 775.084, F.S., as may be amended from time to time.

Furthermore, I understand that I may not:

- (a) Fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining or retaining or attempting to obtain small or socially disadvantaged business enterprise certification.
- (b) Violate the requirements of the City of Jacksonville Ordinance Code, particularly Chapter 126, or willfully make a false statement, whether by affidavit, report, or other representation for any purpose, particularly for the purpose of securing a contract for the provision of goods and services, or of influencing the certification or denial of certification of any entity as a small or socially disadvantaged business enterprise; or
- (c) Willfully obstruct, impede, or attempt to obstruct or impede the investigation of the qualifications of a business entity that has requested certification as a small or socially disadvantaged business enterprise.

Any material misrepresentation will be grounds for immediate de-certification, debarment, and initiation of action under Federal, state or local laws concerning false statements.

Corporate Seal:

Print Applicant's Name

.....
Applicants Signature

County of _____

Sworn to and subscribed before me this _____ day of ____, 20__ by
_____ (Name of affiant). He / She is personally known to me
or has produced _____ (type of identification) as identification.

(Notary's printed name)

Commission expires.

(Notary's Signature)

Information provided to the COJ for JSEB Program