

# NORTHEAST OHIO REGIONAL SEWER DISTRICT Business Opportunity Program

## APPLICATION FORM AND INSTRUCTIONS



*The **Business Opportunity Program** of the Northeast Ohio Regional Sewer District promotes procurement opportunities for small and local businesses in order to contribute to the economic health and vitality of the region.*

# NORTHEAST OHIO REGIONAL SEWER DISTRICT

*The **Business Opportunity Program** of the Northeast Ohio Regional Sewer District provides procurement opportunities to small and local businesses thereby contributing to the economic health and vitality of the region.*

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The certification requirements are different for construction and engineering firms than for providers of goods and services. Please visit [www.neorsd.org/opportunity](http://www.neorsd.org/opportunity) to determine whether the instructions for construction and engineering firms (Section I) or the instructions for providers of goods and services (Section II) apply to your company.

Please review the attached materials to determine which documents are required for your company to certify as a MBE/WBE or SBE with the NEORSD.

Forward any requested information with a cover letter to:

**Ms. Tiffany Jordan**  
**Contract Compliance Manager**  
**Northeast Ohio Regional Sewer District**  
**3900 Euclid Avenue**  
**Cleveland, OH 44115-2506**  
**(216) 881-6600**  
[jordant@neorsd.org](mailto:jordant@neorsd.org)

# NORTHEAST OHIO REGIONAL SEWER DISTRICT

## Section I: Instructions for CONSTRUCTION AND ENGINEERING FIRMS

*Is my Construction and Engineering business eligible for the NEORS D Program?*

### Step 1

Please answer the following questions:

A. Does your company have a physical business address located within the boundaries of: Ashtabula, Carroll, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull counties? (A post office box is not acceptable as a business address.)

B. Does your company fit the size standard for a small business outlined at <http://neorsd.org/sbe-standards.php>?

<b>If yes to both questions:</b>	<b>If no to either question:</b>
Proceed to the next step	Although your company does not qualify for the program, you may do business with the District. Please register your company at this address: <a href="http://www.neorsd.org/vendor_registration">www.neorsd.org/vendor_registration</a>

### Step 2

Are you certified with any of the following agencies?

- [City of Cleveland](#)
- [Cuyahoga County](#)
- [Ohio Minority Supplier Development Council](#) (formerly NOMSDC)
- [State of Ohio MBE/EDGE Program\(s\)](#)
- [Unified Certification Program](#)
- [Woman Business Enterprise National Council](#)
- [US SBA 8 \(a\) Program](#)

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<b>If you ARE certified with one of the named agencies:</b>	<b>If you are NOT certified with one of the named agencies:</b>
1. Complete the <i>Easy Certification Process</i> NEORS D Vendor Registration Form online at <a href="http://www.neorsd.org/vendor_registration">www.neorsd.org/vendor_registration</a> 2. Mail the following information to the address below: a) A cover letter requesting certification from the NEORS D, b) A copy of your certification from one of the listed agencies, c) Personal and Business federal tax returns for 1 to 5 years	1. Complete the NEORS D Vendor Registration Form online at <a href="http://www.neorsd.org/vendor_registration">www.neorsd.org/vendor_registration</a> 2. Please complete the NEORS D Business Opportunity Application ( <a href="http://www.neorsd.org/opportunity">www.neorsd.org/opportunity</a> )

## Step 3

Once you have completed the applicable forms, submit them to the address below. You will receive notification indicating your certification status with the NEORS D. If approved, this document serves as an official record and may be maintained as “active” for two (2) years from the approved date.

**Please forward any requested information to:**

**Ms. Tiffany Jordan  
Contract Compliance Manager  
Northeast Ohio Regional Sewer District  
3900 Euclid Avenue  
Cleveland, OH 44115-2506**

*End of Section I*

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## Section II: Instructions for PROVIDERS OF GOODS AND SERVICES

*Is my GOODS AND SERVICE business eligible for the NEORS D Program?*

### Step 1

Please answer the following questions:

- A. Does your company have a physical business address located within the boundaries of: Ashtabula, Carroll, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, and Trumbull counties? (A post office box is not acceptable as a business address.)
- B. Does your company fit the size standard for a small business outlined at <http://neorsd.org/sbe-standards.php>?

<b>If yes to both questions:</b>	<b>If no to either question:</b>
Please register your company at this address: <a href="http://www.neorsd.org/vendor_registration">www.neorsd.org/vendor_registration</a> and proceed to the next step.	Although your company does not qualify for the program, you may do business with the District. Please register your company at this address: <a href="http://www.neorsd.org/vendor_registration">www.neorsd.org/vendor_registration</a>

### Step 2

For Goods & Services vendors interested in participating in the Business Opportunity Program, the District will also use this registration process as the short form certification application.

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## **Step 3**

Once you have completed the vendor registration process, you will receive notification indicating your certification status with the District in the Business Opportunity Program.

*End of Section II*

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## Section III: Description

### PURPOSE:

The certification process is designed to identify business owners desiring contract and subcontract opportunities with the Northeast Ohio Regional Sewer District (NEORSD). The designation for MBEs/WBEs and SBEs is necessary for evaluating the participation of these firms in NEORSD contract/subcontract activity and for calculating the percentage of construction, professional services and goods/services awarded annually to MBEs/WBEs and SBEs.

The certification is voluntary for business owners, is not a prerequisite for bid activity or awards, but is required in order to participate in the District's Program. Contracts and subcontracts awarded to certified MBEs/WBEs and SBEs will be analyzed and reported annually.

Certification verifies ownership, control, and management responsibilities to assure the benefits of the program are available to legitimate business owners interested in participating in NEORSD procurements.

### CRITERIA:

To be certified as a MBE/WBE or SBE, the District requires the business to:

1. Serve a commercially useful function,
2. Have a physical business address located within the boundaries of Ashtabula, Carroll, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull counties. (A post office box is not acceptable as a business address), and
3. Demonstrate that the five-year average gross receipts of the business (if applicable), together with its affiliates, do not exceed NEORSD's size standard. A complete list of the NEORSD size standards can be reviewed at <http://neorsd.org/sbe-standards.php>.

#### *A Sample List of the NEORSD's Size Standards*

<b>Industry</b>	<b>District Size Standard</b>
Accounting and Payroll	\$4,250,000
Architecture and Engineering Services	\$4,500,000
Construction	\$33,500,000
Consulting	\$3,500,000
Goods	\$3,500,000
Special Trades	\$14,000,000
Trucking	\$25,500,000
Waste Management	\$6,250,000
Remediation Services	\$7,000,000

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4. The company must be an independent company that is not controlled by another firm. NEORSD will follow the guidelines of [13CFR121.103](#) to determine a firm's affiliation in approving certification under the program. Such determination shall include reviewing the extent of both "operational" and "managerial" control of the MBE/WBE or SBE applicant.

To establish "operational control," the applicant must have some experience and be technically competent in the industry for which certification is being sought, and must have independent responsibility for the daily operations of the firm.

To establish "managerial control," the applicant must have the demonstrated ability to make independent and unilateral business decisions for the firm.

### **DISCLOSURES:**

All information provided by business owners will be accepted as statements of fact. However, NEORSD may request additional documentation from applicants in order to verify ownership and managerial control of a business. Failure to provide accurate information will result in denial of the certification request. All applicants must sign and have notarized the enclosed affidavit, attesting to the truthfulness and validity of the information provided in the certification.

### **What happens after I complete the application?**

Once you have completed the applicable forms for Construction and Engineering firms, please submit them to the address shown on page 2. You will be notified of your certification status. If approved, this certification may be good for a period of **two (2) years**.

You will receive a thirty (30) day notice prior to the certification expiration date. **It is the responsibility of the certified business owner to re-apply before the expiration date in order to maintain certification status.**

No application for Construction and Engineering firms will be accepted unless it is printed or typed, bears the original signature of the owner(s) and is notarized.

*End of Section III*



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## Section IV: Document Checklist (retain for your records)

The following tables are for your reference in determining if specific documents need to be attached to your application. If you are not submitting a required item or one that would logically be required for your business (such as a professional license for an engineer), please submit a letter of explanation on company letterhead. **NOTE:** You may be asked to provide additional information to support this application, and if upon investigation, the additional information is found to be untrue, certification may be denied.

### I. ALL FIRMS MUST PROVIDE THE FOLLOWING ITEMS:

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>	<i>ACCEPTABLE PROOF</i>
Required	Proof of identification from majority owner or principal	Photo identification (i.e., drivers license)
Required	Résumé of all principals of company showing education, training, employment experience and management experience	
If Applicable	Copy of all relevant licenses, registrations, license renewal forms and permits – professional license, business license (i.e., engineer, architect, CPA, plumbing, electrical, etc.)	
If Applicable	<ul style="list-style-type: none"> <li>• Equipment list</li> <li>• Proof of construction equipment, other non-construction equipment, vehicles</li> </ul>	Titles, loan agreements with proof of latest payment, list of equipment
Required	Copy of business insurance certificate(s)	Certificate of Liability Insurance
Required	Proof that firm has been functional and operating under certified NAICS Code (s)	Copies of three (3) recent/current contracts or client invoices. If public sector contracts were received (federal, state, local), identify the sectors, the largest contract amount per sector, the dates of last awards, copies of the contracts awarded, and purchase orders or invoices for the largest jobs for the past 5 years
Required	List of three (3) business references	Business name, point of contact, phone number, and e-mail address
Required	Ohio Secretary of State - <a href="http://www.sos.state.oh.us/sos/upload/business/filingformsfeeschedule.aspx?page=251">http://www.sos.state.oh.us/sos/upload/business/filingformsfeeschedule.aspx?page=251</a>	Certificate of Good Standing

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### II. FOR A SOLE PROPRIETORSHIP, ADD THE FOLLOWING:

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>
If Applicable	Assumed name certificate or documentation (DBA - doing business as)
Required	Business federal tax returns for the past five (5) years (1040, schedule C)
Required	Social security number or federal identification number

### III. FOR A CORPORATION, ADD THE FOLLOWING:

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>
Required	Copy of articles of incorporation and amendments
Required	Copies of business federal tax returns for the past five (5) years, including schedule K-1's (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA - doing business as)
Required	Copy of by-laws and amendments
Required	Copy of Stock Journal/Ledger and Stock Certificates
If Applicable	Copy of all resolutions affecting ownership
Required	List of members of the board

### IV. FOR A PARTNERSHIP (Limited/General), JOINT VENTURE, ADD THE FOLLOWING:

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>
Required	Copy of partnership / limited liability / joint venture agreement
If Applicable	Proof of initial investment for partnership and of third party agreements
Required	Copy of business federal tax returns for the past five (5) years (form 1065 & schedule K-1s) (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA—doing business as)

### V. FOR A LIMITED LIABILITY CORPORATION /COMPANY, ADD THE FOLLOWING:

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>
Required	Articles of organization and amendments
Required	Copy of Operating Agreement
Required	Copies of business federal tax returns for the past five (5) years, including schedule K-1s (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA - doing business as)

*End of Section IV*

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**Section V: Application**  
**(Bold Text indicates required information)**

1. **Name of Firm:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Business Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_  
**Owner's Name(s):** \_\_\_\_\_  
**Owner's Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Owner's Home Telephone(s):** (\_\_\_\_) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**URL Address:** \_\_\_\_\_  
**Please provide one of the following:**  
**Federal Employer ID Number:** \_\_\_\_\_  
**Tax Identification Number (Corporation):** \_\_\_\_\_  
**Social Security Number (Sole Proprietor):** \_\_\_\_\_  
  
**D-U-N-S Number:** \_\_\_\_\_

2. **Type of Business: (Check all that apply)**

Construction Contractor	_____	Supplier of Goods	_____
General Contractor	_____	Consultant	_____
Professional Services	_____	Service	_____
Specific Trade (specify)	_____	Other (specify)	_____

\_\_\_\_\_

3. **Briefly describe products and/or services provided:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. **North American Industry Classification Codes** (Website to provide information on codes: <http://neorsd.org/sbe-standards.php>)

NAICS Code \_\_\_\_\_ Title \_\_\_\_\_

NAICS Code \_\_\_\_\_ Title \_\_\_\_\_

NAICS Code \_\_\_\_\_ Title \_\_\_\_\_

5. **Ownership of firm, please indicate whether: (Check one)**

A. Sole Proprietorship \_\_\_\_\_ Date Established \_\_\_\_\_

B. Partnership \_\_\_\_\_ Date of Agreement \_\_\_\_\_

C. Corporation \* \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

\* Does not include affiliates, wholly owned subsidiaries, or divisions.

6. **Is the business a continuation of a pre-existing business? Yes \_\_\_ (If yes, explain below) No \_\_\_**

7. **For statistical purposes, your company is considered, (please check all that apply)**

African-American / Black-Owned \_\_\_\_\_ Veteran-Owned \_\_\_\_\_

Asian-Owned \_\_\_\_\_ Woman-Owned \_\_\_\_\_

Caucasian / White-Owned \_\_\_\_\_

Hispanic-Owned \_\_\_\_\_

Native American-Owned \_\_\_\_\_

8. **Does your firm share any resource(s) (office facilities, storage, space, equipment, financing and/or personnel) with any other firms or individuals? Yes \_\_\_ (If yes, explain and provide which items are shared and what percentage) No \_\_\_**

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9. What are the gross receipts and number of employees of the firm for each of the last five (5) federal income tax years?

<b>Year Ending</b>	<b>Gross Receipt(s)</b>	<b># of Employees</b> (Designate full-time employees as "FT" and part-time employees as "PT")

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## Section VI: AFFIDAVIT

The undersigned swears that the foregoing statements and documents made as part of this application are true and correct and includes all material information necessary:

1. To identify and explain the operations of \_\_\_\_\_; and  
(Name of Company)
2. To identify the ownership thereof;

Further, the undersigned has provided any and all information and materials as may be required to substantiate the ownership and control by \_\_\_\_\_ of the company. This includes

(Name of principal or majority owner)

complete cooperation with the NEORSD and allowing the examination of books, records, and files of the named company at the business location or at any other place. I understand any material misrepresentation contained in this application will be grounds for revocation of the certification and for imposing sanctions under federal, state or local laws concerning false statements. Please note that the information provided with this application maybe subject to such laws.

If, after filing this document there is any change (during the ensuring certification period) in the information submitted herein, the undersigned will inform the Northeast Ohio Regional Sewer District immediately of the change(s).

**NOTARIZATION:** (Sign only in the presence of a Notary Public.)

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

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

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

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared

(Name) \_\_\_\_\_, which he or she was properly authorized by

(Name of Firm) \_\_\_\_\_, to execute the Affidavit and did

so as his or her free act and deed.

(Seal) Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

*End of Section VI*

**END OF APPLICATION – PLEASE COMPLETE AND RETURN**