MINORITY BUSINESS ENTERPRISE
CONTRACTOR CERTIFICATION FORM

1. MINORITY FIRM INFORMATION

Name:_____

Address:_____

City:_____State:_____Zip:_____

Internal Revenue Number:_____

DUN's Number: _____

2. CERTIFICATION: The undersigned official(s) of the named minority firm certify the following information:

- A "minority business enterprise" is a business which is at least 51 percent owned by one or more minority group members; or, in the case of a publicly-owned business, one in which at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily business operations are controlled by one or more such individuals. For this purpose, minority group members are those groups of U.S. citizens found to be disadvantaged by the Small Business Administration pursuant to Section 8(d) of the Small Business Act.

- The following individuals are recognized as members of a minority group: Black Americans, Hispanic Americans, Native Americans (American Indians, Eskimos, Aleuts or Native Hawaiians); Asia, Pacific Americans (person with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia, Kampuchea, Vietnam, Korea, the Philippines, U.S. Trust Territory of the Pacific Islands, Republic of Palau, Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiributi, Tuvalu, or Nauru); Subcontinent Asian Americans (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal); and members of other groups designated from time-to-time by SBA.

- Indicate below the percentage of ownership by a minority category. In the case of joint ventures, identify the percent of minority participation in the joint venture.

Category	Percentage
White, Non-Hispanic:	_____
Black, Non-Hispanic:	_____
Hispanic:	_____
Asian/Pacific Islander:	_____
American Indian/Alaskan Native:	_____
Other	_____
TOTAL.	_____

- Must total at least fifty-one percent (51%) minority owned and operated.

Project Name/Location: _____

_____

Identify the work to be performed on this project: _____

_____

_____

_____ _____

Name & Title of Authorized Official of the Named Minority Business Telephone Number

_____ _____

Signature Date

WARNING

U.S. Criminal Code, Title 18 USC Section 1001, Chapter 47 – Fraud and False Statements, in part: "whoever, in any matter… (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

***NOTE: Each MBE wishing to participate in the St. Clair County SAVE Rehabilitation must complete this Certification before a binding contract to provide services or supplies is executed. Subcontractors must also complete the Subcontractors EEO form and Subcontractors Labor Standards and Prevailing Wage form. All pertinent forms are submitted to the Bidder for submittal with the related bid documents for this project.