“Disadvantaged Business Enterprise (DBE) Certification 101”

Presented by:
Adriana Mena, DBE Certification Specialist
DBE Overview

What is a DBE?

I. Ownership
   • An independent business that is at least 51 percent owned by a socially or economically disadvantaged individual(s)
     • Socially disadvantaged individual(s) include:
       • Women, Native Americans, African Americans, Hispanic Americans, Asian-Pacific Americans and Subcontinent Asian Americans

II. Personal Net Worth (PNW)
   • Majority owner’s personal net worth must not exceed $1.32 million

III. Control
   • The majority owner must control the management and daily operations

IV. Size
   • A for-profit business must meet the Small Business Administration's (SBA) size standard and not exceed $28.48 million in gross annual receipts over a five-year average
Different agencies recognize different certifications

I. **DBE Certification:**
   - United States Department of Transportation (US DOT) assisted contracts for highway, transit, and airport projects
   - Complies with Federal Regulation 49 CFR Part 26

II. **M/WBE Certification:**
   - Overseen and managed by state and local government contracting authorities
Firms with DBE Certification through one of these agencies are recognized by all the others.

The Illinois Unified Certification Program (IL UCP) directory provides a reference source of certified DBE firms. The Directory lists firms in alphabetical order, including the NAICS* codes and specialties. It provides a reference source to assist bidders/proposers in meeting DBE contract goals.

*North American Industry Classification System (NAICS) Codes – classification of the specialties or services that a firm seeks to perform.
Advantages of DBE Certification

I. Company listed in the IL UCP DBE vendor directory

II. An opportunity to participate on federally funded or assisted projects as prime contractors or subcontractors

III. An identifier that can be used as a marketing tool for your business
Determining Eligibility

1. The certification application, Personal Net Worth (PNW) statement and supporting documents are analyzed.

2. A site visit is conducted to verify the firm’s business, which includes a tour of the facility and photographs.

3. A final determination is made on whether the firm is eligible for DBE certification and the firm is notified via email.

The DBE Program complies with the US DOT 49 CFR, Part 26, Subpart D, which provides the certification guidelines and procedures.

Process takes 60 to 90 days upon the receipt of all required documentation.

*Due to COVID 19, some processes have been temporarily modified.
Pursuant to the requirements of the federal regulation 49 CFR part 26, all recipients of US DOT financial assistance must implement a "one-stop" certification process for Disadvantaged Business Enterprises (DBEs). As a result of this requirement, five US DOT-funded agencies - the Illinois Department of Transportation (IDOT), City of Chicago, CTA, Metra and Pace - have established the IL UCP.

The IL UCP is based on the concept of reciprocity among the agencies. "One-stop" shopping will be provided to applicants for the DBE program, such that an applicant need only to apply once for DBE certification, and the resulting decision will be honored by all participating agencies in the IL UCP.

As of April 1, 2020, due to temporary modifications in the procedures because of COVID-19, Metra's Office of Diversity and Business Enterprise (ODBE) is
DBE Certification Application

Section 1: CERTIFICATION INFORMATION

A. Basic Contact Information

(1) Contact person and Title: ________________________________

(2) Legal name of firm: ________________________________

(3) Phone #: ______ - ______ - ______
(4) Other Phone #: ______ - ______ - ______
(5) Fax #: ______ - ______ - ______

(6) E-mail: ________________________________
(7) Firm Websites: ________________________________

(8) Street address of firm (No P.O. Box): ________________________________
City: ________________________________ County/Parish: ________________________________ State: ______ Zip: ______

(9) Mailing address of firm (if different): ________________________________
City: ________________________________ County/Parish: ________________________________ State: ______ Zip: ______

B. Prior/Other Certifications and Applications

(10) Is your firm currently certified for any of the following U.S. DOT programs?
☐ DBE ☐ ACDBE Names of certifying agencies: ________________________________

*If you are certified in your home state as a DBE/ACDBE, you do not have to complete this application for other states. Ask your state UCP about the interstate certification process.

List the dates of any site visits conducted by your home state and any other states or UCP members:
Date __/__/____ State/UCP Member: ________________________________ Date __/__/____ State/UCP Member: ________________________________

(11) Indicate whether the firm or any persons listed in this application have ever been:

(a) Denied certification or decertified as a DBE, ACDBE, §(a), SDB, MBE/WBE firm? ☐ Yes ☐ No
(b) Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? ☐ Yes ☐ No

If yes, explain the nature of the action. (If you appealed the decision to DOT or another agency, attach a copy of the decision.)

Section 2: GENERAL INFORMATION

A. Business Profile: (1) Give a concise description of the firm’s primary activities and the product(s) or service(s) it provides. If your company offers more than one product/service, list the primary product or service first. Please use additional paper if necessary. This description may be used in our database and the UCP online directory if you are certified as a DBE or ACDBE.

B. List of NAICS Codes for this line of work include: ________________________________

(2) This firm was established on __/__/____ (3) I/We have owned this firm since: __/__/____

Leave no blanks – If it does not apply to you or your firm, mark the section N/A

Ensure that the contact person is the Majority Owner of the Firm

List of NAICS Codes can be found at https://www.census.gov/naics/
As owner of the firm, you are also considered an employee of the firm.
Include the gross receipts of any affiliate firm, if there is none, mark N/A.
Include any supporting documentation for any co-sharing of business resources.

B. Relationships and Dealings with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity?  
Yes  No
If Yes, explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Also detail the items shared.

(2) Has any other firm had an ownership interest in your firm at present or at any time in the past?  
Yes  No
If Yes, explain.

(3) At present, or at any time in the past, has your firm:  
(a) Ever existed under different ownership, a different type of ownership, or a different name?  
Yes  No
(b) Existed as a subsidiary of any other firm?  
Yes  No
(c) Existed as a partnership in which one or more of the partners are/were other firms?  
Yes  No
(d) Owned any percentage of any other firm?  
Yes  No
(e) Had any subsidiaries?  
Yes  No
(f) Served as a subcontractor with another firm constituting more than 25% of your firm’s receipts?  
Yes  No
If you answered “Yes” to any of the questions in (a) and/or (b)-(f), you may be asked to provide further details and explain whether the arrangement continues.

(5) Method of acquisition (Check all that apply):
- Started new business
- Bought existing business
- Inherited business
- Gifted
- Merger or consolidation
- Other

(6) Is your firm “for profit”?  
Yes  No
STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and should not fill out this application.

Federal Tax ID#

(7) Type of Legal Business Structure: (check all that apply):
- Sole Proprietorship
- Limited Liability Partnership
- Partnership
- Corporation
- Limited Liability Company
- Other

(8) Number of employees: Full-time  Part-time  Seasonal  Total

(Please provide information on the number of employees, their job titles, and dates of employment, to your application.)

(9) Specify the firm's gross receipts for the last 3 years. (Submit complete copies of the firm's Federal tax returns for each year. If there are affiliates or subsidiaries of the Applicant firm or owners, you must submit complete copies of these firms' Federal tax returns.)

Year  Gross Receipts of Applicant Firm $  Gross Receipts of Affiliate Firms $
Year  Gross Receipts of Applicant Firm $  Gross Receipts of Affiliate Firms $
Year  Gross Receipts of Applicant Firm $  Gross Receipts of Affiliate Firms $
• Ensure that the initial investment matches your supporting documentation
• Include a stated explaining any managerial work or ownership done for another firm
• Include a copy of the trust agreement
If no other owners, mark this section N/A

Ensure to list the other owner’s ethnic group

If the firm is owned 50/50, each owner needs to fill out an owner information form and Personal Net Worth Statement
DBE Certification Application

A. Identify your firm’s Officers and Board of Directors (If additional space is required, attach a separate sheet):

<table>
<thead>
<tr>
<th>(1) Officers of the Company</th>
<th>Name</th>
<th>Title</th>
<th>Date Appointed</th>
<th>Ethnicity</th>
<th>Gender</th>
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<thead>
<tr>
<th>(2) Board of Directors</th>
<th>Name</th>
<th>Title</th>
<th>Date Appointed</th>
<th>Ethnicity</th>
<th>Gender</th>
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</table>

Section 4: CONTROL

(3) Do any of the persons listed above perform a management or supervisory function for any other business? □ Yes □ No

Person: ________________ Title: ______
Business: ________________ Function: ______
Person: ________________ Title: ______
Business: ________________ Function: ______

B. Duties of Owners, Officers, Directors, Managers, and Key Personnel

(4) Do any of the persons listed in section A above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) □ Yes □ No

Person: ________________ Nature of Business Relationship: ______

- If your firm is a corporation, ensure that the Board of Director here, match the number of directors required listed in the firm’s Bylaws
- If the firm is does not have another owner, list n/a in the minority owner section
DBE Certification Application

This section should be filled out for any managers or key personnel of the firm

- If the firm only has office equipment, mark n/a here
- If the firm is located at the owner home, list the information for the home
If applicable, provide a copy of any bonding letter
If applicable, provide copies of any loan agreements for outstanding loans
Ensure that the firm has all the licenses or permits required by the State or City or Village that the firm is in

<table>
<thead>
<tr>
<th>Name of Source</th>
<th>Address of Source</th>
<th>Name of Person Guaranteeing the Loan</th>
<th>Original Amount</th>
<th>Current Balance</th>
<th>Purpose of Loan</th>
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</table>

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years (Attach additional sheets if needed):

<table>
<thead>
<tr>
<th>Contribution/Asset</th>
<th>Dollar Value</th>
<th>From Whom Transferred</th>
<th>To Whom Transferred</th>
<th>Relationship</th>
<th>Date of Transfer</th>
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</thead>
<tbody>
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</table>

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (Attach additional sheets if needed):

<table>
<thead>
<tr>
<th>Name of License/Permit Holder</th>
<th>Type of License/Permit</th>
<th>Expiration Date</th>
<th>State</th>
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</table>
DBE Certification Application

- Provide a copy of the three largest active contracts the firm is currently working on.
- If the firm is not currently working on a project, provide a signed statement explaining the reason.

### I. List the three largest contracts completed by your firm in the past three years, if any:

<table>
<thead>
<tr>
<th>Name of Owner/Contractor</th>
<th>Name/Location of Project</th>
<th>Type of Work Performed</th>
<th>Dollar Value of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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</tbody>
</table>

### J. List the three largest active jobs on which your firm is currently working:

<table>
<thead>
<tr>
<th>Name of Prime Contractor and Project Number</th>
<th>Location of Project</th>
<th>Type of Work</th>
<th>Project Start Date</th>
<th>Anticipated Completion Date</th>
<th>Dollar Value of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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Additional Information:
If your firm is wishing to received ACDBE certification, you will have to apply to the City Of Chicago.

If your firm is not wishing to apply for ACDBE certification, mark n/a on this page.
DBE Certification Application

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

- Make sure this page is signed and notarized
- If the firm is owned 50/50, each owner needs to fill out, sign, and notarize a page
If any of the items requested do not apply to your organization, provide a signed statement listing the items not applicable.

An optional document that will be requested is the year-end balance sheet and income statements for the past 3 years.
Personal Net Worth Statement

- Complete this form to only include what is personally owned by individual applying for DBE certification
- If the assets or liability is co-owned, please make a note and on this page only include your portion
- If an item required additional information, complete each section as listed by the item
- The real estate portion should not include any amounts related to the owner’s primary residence
- Ensure that the Net Worth is calculated (Total Assets – Total Liabilities = Net Worth)
Personal Net Worth Statement

- Complete each corresponding section with the information that matches page 1 of the Personal Net Worth Statement.
- The primary residence should be listed on section 4, but the amount is not included on page 1.)
### Personal Net Worth Statement

**Section 6. Other Personal Property and Assets (Use attachments as necessary)**

<table>
<thead>
<tr>
<th>Type of Property or Asset</th>
<th>Total Present Value</th>
<th>Amount of Liability (Balance)</th>
<th>Is this asset insured?</th>
<th>Lien or Note amount and Terms of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) include personally owned vehicles that are leased or rented to businesses or other individuals</td>
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</tr>
<tr>
<td>Household Goods / Jewelry</td>
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<tr>
<td>Loans from Owner to Firm, Other Entities, Individuals</td>
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<tr>
<td>Other (List)</td>
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<tr>
<td>Accounts and Notes Receivables</td>
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</tbody>
</table>

**Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)**

- Sole Proprietorships
- General Partnerships
- Joint Ventures
- Limited Liability Companies
- Closely-held and Public Traded Corporations

**Section 8. Other Liabilities and Unpaid Taxes (Describe)**

- **Section 9. Transfer of Assets**: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes | No

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- Make sure this page is signed and notarized.
- If the firm is owned 50/50, each owner needs to fill out, sign, and notarize their own Personal Net Worth Statement.
- List any affiliate business(es) owned on section 7.
Annual Procurement Plan

The Procurement Plan, updated quarterly, identifies potential contracting opportunities for goods and services anticipated by Metra Departments such as Engineering, Mechanical, Fleet and Facility Management, Finance, Information Systems and Materials and Stores. This document also includes information about vendor registrations and how Metra ensures that small, minority and women-owned businesses have equal opportunity to receive and participate in Metra contracts. Review Metra’s Annual Procurement Plan here.
How To Register As A Vendor

Vendor Registration

Register your business as a Metra vendor to be included for consideration for upcoming solicitations.

A completed Vendor Registration Form is required for your firm to be entered in Metra's Vendor Database. Upon receipt of this information, we will enter your firm into our vendor database under the appropriate commodity listing(s). These listings are used by our buyers/contracting agents in preparing solicitations.

The process is simple. Just follow the steps below to register:

Step 1: Gather your company's information
- General company information
- Sales information
- Officer, owner or partner information
- Asset information
- Corporate affiliates
- Business references
- Employee information

Step 2: Complete the Vendor Registration Form
- Electronic Form
- Printable Forms (PDF)

Step 3: Submit Completed Form to Metra
- Electronic Vendor Registration Form - Click "Submit" at the end of the online form.
- Printable Vendor Registration Forms - Please return the completed forms to the following address:

Metra
Materials Management Department
Attn: Asst. Materials Coordinator
547 W. Jackson Blvd., Ste. 1100, East
Chicago, IL 60606

Note: Please include the correct NAICS codes relating to the business or services provided to ensure you will receive solicitations from the Procurement Department.
QUESTIONS

Contact Information
Adriana Mena (amena@metrarr.com)
Michele Sutton (msutton@metrarr.com)