

SELF CERTIFICATION ELIGIBILITY REQUIREMENTS

For the purpose of the City of Cincinnati's Small Business Enterprise Program Self Certification Application, a small business concern is a business that is independently owned, controlled and operated and provides a commercially useful function as defined in the City Municipal Code (CMC) 323-1-I and which meets the definitions or size standard established by CMC 323-1-S and the Administrator of the Small Business Administration (SBA) program.

The size standards are expressed either in number of employees or annual receipts in millions of dollars (based on a three year average), unless otherwise specified. The number of employees or annual receipts indicates the maximum allowed for a business concern inclusive of any affiliates as defined by 13 C.C.R. 121.201. Please refer to the following website to obtain the SBA size standard for your company.

http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf

Please enter the NAICS code(s) that represent your company service below.

This area must be completed for application review. Please do not leave any areas blank.

(Initial) The NAICS/SIC code(s) for this business is

(Initial) Average 3-year Annual Receipts

(Initial) Average 3-year Number of Employees

(Initial) My Bonding Range? (If applicable)

(Initial) List Personal Net Worth of each Owner

1.

2.

3.

4.

Self-Certification Oath and Affirmation (Signature must be witnessed by a notarized by a Notary Public)

As the principle owner and contractor completing this application, I attest to the fact that the bidding associated with this application will not exceed \$50,000 during the life of the contract. I will not present *Change Orders* to increase the total value of the contract to exceed \$50,000. If the amount exceeds \$50,000, I understand that I could encounter penalty up to and including debarment. I affirm under penalty of perjury that the foregoing is true and accurate to the best of my knowledge and belief.

Signature of Principal

Title

Date

Printed Name

Subscribed and duly sworn in my presence this _____ day of _____ 20__.

County of _____ State of _____

SS

(Notary Public (signature))

My commission expires: _____

*If you have not completed a Purchasing Vendor Registration on-line, please call 352-3209 or download www.cincinnati-oh.gov *In order to verify any affirmations made the City of Cincinnati reserves the right to request additional information.

How did you find out about the SBE Program?" Website_____, At an outreach event_____, The television program Government & Small Business_____, A Referral_____, and other (please explain). _____