

\*\*Form must be fully completed and will not be accepted unless neatly printed or typewritten.

\*\*If your firm is subcontracting any portion of this contract please have this form completed by each subcontracting firm.

## **Business Enterprise Eligibility Form**

## SOUTHWEST OHIO REGIONAL TRANSIT AUTHORITY (SORTA)

Information for Determining Minority, Women and Small Business Enterprise

1. My firm is a:						
Minority Business Enterprise _						
51% owned, operated and controlled on a daily basis by one of American, Asian American (includes West American (India e Native American including Aleuts.	or more (in combination) Ame	rican citizens of the (Japan, Korea, etc.)	following ethnic minority classifications: African , Hispanic American-not of the Iberian peninsula and			
Women Business Enterprise						
51% owned, operated and controlled on a daily basis by wom must hold the highest officer position in the company.	-	51% of the board of	of director being women. The women business owner			
Disability-Owned Business Ente	erprise					
Be at least 51 percent owned, operated, managed, and control disabled veterans who are either U.S. citizens or lawful perma	anent residents	ility (based on the A	Americans with Disability Act of 1990) or service-			
Small Business Enterprise Secti						
A firm for which the gross revenue or number of employees a not exceed the size standards as defined pursuant to 15 U.S.C does not exceed \$750,000.	veraged over the past three year. Section632 and 13 C.F.R. Section632 and 13 C.F.R.	ars, inclusive of any ction 121.101, et. se	y affiliates as defined by 13 C.F.R. Sec. 121.103, does eq. and for which the personal net worth of each owner			
Certified Disadvantaged Busine	ess Enterprise	_ State	Date Certified			
DBEs are for-profit small business concerns where socially at daily business operations. African Americans, Hispanics, Nat and economically disadvantaged. Other individuals can also program, a small business owned and controlled by socially a generally through the state Uniform Certification Program (U	ive Americans, Asian-Pacific a qualify as socially and econom nd economically disadvantage	and Subcontinent A ically disadvantage	sian Americans, and women are presumed to be socially don a case-by-case basis. To participate in the DBE			
NAICS Codes			_			
	(Top 3 Primary Busines	ss codes)				
2. Name of Firm:						
3. Address of Firm:						
City	State		Zip Code			
Telephone :	Fax:					
Email:	Website:	Website:				
Primary Contact Person		Title				
4. Ownership of Firm – Indicate one of t	the following:					
A. Sole Proprietorship	Б	Date Established				
B. Partnership	D	Date of Agreement				
C. Corporation Dat	e of Incorporation _	St	rate of Incorporation			
D. Other Business Entity (please	specify)					

5. Na	ture of Firm's Business:				
		have 5% or more of the firm	m's ownership. Colu	ımn D & E sh	ould be completed
only 1	f ownership is less than I	100% minority or female:			
	A.	B.		D.	
	Name	Ethnic Status	Years Owned	Owner %	Voting %
1					
2					
J					
4					
5					
7. W	nat were the gross receip	ts of the Firm for each of th	e last two years?		
	Year ending	\$			
	Year ending	<b></b> \$			
8. Na	me of bonding company	, if any			