



## ***SOUTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY***

**Your unified certification source**

**3201 Cherry Ridge Street, Building C, Suite 319, San Antonio, Texas 78230**

**Phone (210) 227-4722 [www.sctrca.org](http://www.sctrca.org)**



### **Certification Program Intent**

Thank you for your interest in becoming certified with the South Central Texas Regional Certification Agency (SCTRCA). Certification with the SCTRCA will allow your company to sell your product or service as an eligible African American (AABE), Asian American (ABE), Disabled Individual (DIBE), Emerging Small Business (ESBE), Hispanic American (HABE), Minority (MBE), Native American (NABE), Small (SBE), Veteran (VBE) and Woman-owned (WBE) Business Enterprise to public and private member entities. The SCTRCA is responsible for the certification process for these member entities with a role to ensure that only firms meeting the eligibility criteria of their programs participate as AABEs, ABEs, DIBEs, ESBEs, HABEs, MBEs, NABEs, SBEs, VBEs and WBEs. This certification is not to be confused with the Disadvantaged Business Enterprise (the "DBE") program which is a federal program based upon Federal Law.

### **Certification Program Eligibility**

A firm must be independent and for-profit owned by a majority of U.S. Citizens or permanent residents. All participants must submit document(s) to prove they fall into one of these categories. Certification Policies and Procedures can be located at [www.sctrca.org](http://www.sctrca.org).

#### **African American Business Enterprise (AABE) Certification-Complete Certification Application\***

A business structure owned, operated and controlled by an African American minority group member(s) who has at least 51% ownership.

#### **Asian American Business Enterprise (ABE) Certification-Complete Certification Application\***

A business structure owned, operated and controlled by an Asian American minority group member(s) who has at least 51% ownership.

#### **Disabled Individual Business Enterprise (DIBE) Certification-Complete Certification Application**

A business structure that is at least 51% owned, operated and controlled by a Disabled individual against whom there is a recognized/demonstrated history of discrimination because of physical disability. Disabled individual means a person (a) with one or more disabilities as defined by the Americans with Disabilities Act (ADA) and amendments thereto (for purposes of applicability under the certification statutes, ordinances, rules and regulations governing the State of Texas), (b) having a record of such disabilities, and (c) regarded as having such disabilities.

#### **Emerging Small Business Enterprise (ESBE) Certification-Complete Certification Application\***

An SBE eligible business structure for the purpose of making a profit, which is independently owned and operated by individuals legally residing in, or that are citizens of, the United States or its territories, whose annual revenues and number of employees are no greater than 25% of the small business size standards for its industry as established by the U.S. Small Business Administration, and shall not be SCTRCA certified for more than five years from the date of its original South Central Texas Regional Certification Agency certification as an Emerging Small Business Enterprise.

#### **Hispanic American Business Enterprise (HABE) Certification-Complete Certification Application\***

A business structure owned, operated and controlled by a Hispanic American minority group member(s) who has at least 51% ownership.

#### **Minority Business Enterprise (MBE) Certification-Complete Certification Application**

A business structure that is owned, operated, and controlled by an ethnic minority group member(s) who has at least 51% control.

**Native American Business Enterprise (NABE) Certification-Complete Certification Application\***

(1) A business structure owned, operated and controlled by a Native American minority group member(s) who has at least 51 percent ownership. The Native American group member(s) must have operational and managerial control, interest in capital, expertise and earnings commensurate with the percentage of ownership and legally residing in or are citizens of the United States or its territories; or (2) A business structure owned, operated and controlled by a Native American minority group member(s) who has at least 51% ownership and satisfies the Native American member status.

**Small Business Enterprise (SBE) Certification-Complete Certification Application\***

A business structure that is formed with the purpose of making a profit, which is independently owned and operated and which meets the United States Small Business Administration (SBA) size standard for a small business (see <http://sba.gov/size> click “table”).

**Veteran-Owned Business Enterprise (VBE) Certification-Complete Certification Application**

A business structure that is at least 51% owned, operated and controlled by an individual who served in the United States Armed Forces, and who was discharged or released under conditions other than dishonorable. *Please note: This certification type should not be confused with the Service Disabled Veteran designation available through the Small Business Administration.*

**Woman-Owned Business Enterprise (WBE) Certification-Complete Certification Application\***

A business structure that is owned, operated and controlled by one or more women who have a total of at least 51% or more ownership.

**\*NOTE: APPLICANTS SEEKING CERTIFICATION RECOGNITION FROM A MEMBER ENTITY MUST SATISFY ALL OF THAT MEMBER ENTITY’S REQUIREMENTS PURSUANT TO MEMBER ENTITY POLICY.**

**Definitions**

<b>AAC</b>	The South Central Texas Regional Certification Agency Board of Directors’ Appeal Advisory Committee.
<b>Agency</b>	The South Central Texas Regional Certification Agency.
<b>Appeal</b>	A process by which the certification eligibility decision made by the South Central Texas Regional Certification Agency is reviewed.
<b>Applicant</b>	One who submits a certification Application or Renewal Application to the South Central Texas Regional Certification Agency for Certification.
<b>Application</b>	Document required in making a request for Certification.
<b>Board</b>	The Agency’s Board of Directors composed of representatives from each of the member entities.
<b>Business Day</b>	Any day other than (i) a Saturday or a Sunday, or (ii) a legal holiday or the equivalent of which certifying institutions generally are authorized or required to close.
<b>Business Structure</b>	A sole proprietorship, partnership or corporation as defined by its assumed name certificate, articles of formation, operating agreement, and/or partnership agreement.
<b>Certification</b>	The process by which a firm is reviewed for eligibility to be certified as an African American, Asian American, Disabled Individual, Emerging Small, Hispanic American, Minority, Native American, Small, Veteran and Woman-owned business enterprise by the South Central Texas Regional Certification Agency.

<b>Certification Review</b>	A part of the certification process where the South Central Texas Regional Certification Agency verifies the information submitted by a business is accurate and the business owner meets all the eligibility requirements in order to be certified as an African American, Asian American, Disabled Individual, Emerging Small, Hispanic American, Minority, Native American, Veteran or Woman-owned business enterprise.
<b>Challenge</b>	A formal filing by a third party to rebut the presumption that a particular individual is an African American, Asian American, Disabled Individual, Emerging Small, Hispanic American, Minority, Native American, Small, Veteran and Woman-owned business enterprise.
<b>Control</b>	Primary power to direct the management of a business enterprise; specifically, the party must possess the power and ability to direct or cause the direction of the management and policies of the firm to make the day-to-day, as well as major decisions on matters of management, policy and operations.
<b>Corporation</b>	A separate legal entity incorporated under the authority of federal or state laws, apart from the individuals that may own or manage it.
<b>De-Certification</b>	The removal of a certified status from a firm as a result of the firm's ineligibility.
<b>Expertise</b>	Demonstrated skills, knowledge or ability to perform in the field of endeavor in which certification is sought by the business enterprise as defined by normal industry practices.
<b>Group Member(s)</b>	<p>There are four ethnic categories into which group members may fall in accordance with the Small Business Administration's identifiers. (Small Business Act §2(f)(1)(A)(B)(C).) They are African Americans, Hispanic Americans, Asian Americans, and Native Americans legally residing in or that are citizens of the United States of America or its territories. Within these categories, the SCTRCA recognizes the following classifications:</p> <p><b>African American:</b> Persons having origins in any of the black racial groups of Africa as well as those identified as Jamaican, Trinidadian or West Indian.</p> <p><b>Hispanic American:</b> Persons of Mexican, Puerto Rican, Cuban, Spanish or Central or South American origin.</p> <p><b>Asian-Pacific American:</b> Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.</p> <p><b>Asian-Indian American:</b> Persons whose origins are from India, Pakistan, Bangladesh, Sri Lanka, Maldives Islands, Bhutan, or Nepal.</p> <p><b>Native American:</b> Persons having no less than 1/16 percentage origin in any of the American Indian Tribes, as recognized by the United States Department of the Interior, Bureau of Indian Affairs and as demonstrated by possession of personal tribal role documents, to include persons who are Eskimos, Aleuts, or Native Hawaiians, for all SCTRCA purposes.<sup>1</sup></p> <p><b>NOTE: The City of San Antonio does not recognize Eskimos, Aleuts or Native Hawaiians within its definition of Native American.</b></p>

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<sup>1</sup> A Native Hawaiian is any individual whose ancestors were natives prior to 1778 of what now comprises the State of Hawaii.

<b>Immediate Family Member</b>	Any relative that can be considered a father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law.
<b>Jurisdiction</b>	The geographical area in which the SCTRCA administers its certification program, including the following counties: Atascosa, Bandera, Bexar, Comal, Frio, Guadalupe, Kendall, Kerr, McMullen, Medina and Wilson, as may be further delineated from time to time. The SCTRCA also provides certification services to a limited extent, in other counties to include Caldwell, Goliad, Gonzales, Hays, Karnes and Uvalde counties, as may be determined from time to time.
<b>Management</b>	To direct or carry on daily business affairs; to make and keep business enterprise compliant.
<b>Member Entity</b>	Any qualified entity under the Interlocal Cooperation Act which (1) has applied and been approved by the Board of Directors of the South Central Texas Regional Certification Agency, (2) has entered into and executed an Interlocal Agreement with the Agency, and (3) has contributed its annual fee as stipulated in said Interlocal Agreement, towards the operating budget of the Agency.
<b>Ownership</b>	Having at least 51% of the issued stock holdings, partnership interest and must enjoy the customary incidents of ownership, and share in the risks and profits commensurate with their ownership interests, as demonstrated by the substance, not merely the form of arrangements.
<b>Partnership</b>	An association of two or more persons who function as co-owners of a business.
<b>Professional Services</b>	The consulting, designing, advising or conducting of services in any of the areas of academia such as architecture, engineering, accounting, economics, law, medicine, etc.
<b>Renewal Application</b>	Document required to be completed for processing renewal certification(s).
<b>Revocation</b>	De-certification. The removal of a certified status from a firm as a result of the firm's ineligibility.
<b>SBA</b>	Small Business Administration.
<b>SCTRCA</b>	The South Central Texas Regional Certification Agency.
<b>Site Visit</b>	An onsite visit of a certified business conducted by the South Central Texas Regional Certification Agency at anytime without prior notification for the purpose of verifying its certified business status.
<b>Sole Proprietorship</b>	A business in which one person owns 100% of assets of the business and is solely liable for all debts of the business.

## REQUIRED INFORMATION CHECKLIST

It is **ESSENTIAL** that the following documents, as applicable, accompany this application form. If any of the items **DO NOT APPLY** to your firm, please indicate Not Applicable (N/A). The effective date of the application is the date when **ALL REQUIRED DOCUMENTATION** has been received, not the date of submission of an incomplete packet.

**ALL APPLICANTS** must submit with the attached application form:

- Proof of Citizenship/Ethnicity Status** (Birth Certificate, Permanent Resident Card, Certificate of Naturalization, Tribal Card, Commonly Recognized Religious Record, Current Passport, etc.)
- Proof of Identification** (Drivers license/State issued ID)
- Certificate to do business** (DBA, Assumed Name certificate)
- Resumes** of Principal owner(s) and Key employee(s)
- Licenses or Certificates** to perform work, if required by state law (i.e., plumbing, electrical, CPA, engineering, law, medical, etc.)
- Business income tax returns (three most recent years)**, or pages 1 and 2 of the Form 1040 along with all of the pages of the Schedule C's (for business taxes filed as personal taxes)
- Copy of Federal employer Identification Number (EIN) or verification of Social Security Number, if no EIN**
- Balance sheet - a new construction business** must provide a current balance sheet
- Last two **Quarterly TWC Reports** (firms whose size standards are based on number of employees)
- Documentation verifying disability** from Medical Doctor or Government Agency
- DD-214** verifying military service
- Completed and Signed Application**
- Franchise Agreement**

**FOR A CORPORATION ADD:** *(Only required to submit information if business is of same structure)*

- Certificate of Formation** (signed by the state official)
- Articles of Incorporation**
- Copy of corporate **By-laws**
- Minutes of organizational & last annual meeting**
- Minutes of all meetings showing ownership changes**
- Stock Certificates** (front and back)
- Stock Ledger**

**FOR A LIMITED LIABILITY CO./CORP, ADD:** *(Only required to submit information if business is of same structure)*

- Certificate of Formation** (signed by the state official)
- Operating Agreement**
- Minutes of organizational meeting**
- Minutes of last annual meeting**
- Minutes of all meeting showing ownership changes**
- Membership Certificates**
- Membership Register**

**FOR A PARTNERSHIP (Limited, Limited Liability); ADD:**

- Certificate of Formation** (signed by the state official)
- Assumed Name Certificate (if applicable)**
- Complete copy of **Partnership Agreement** including buy-sell and profit sharing agreements
- FOR A GENERAL PARTNERSHIP; Assume Name Certificate Only**

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# CERTIFICATION APPLICATION

## SECTION I- GENERAL INFORMATION

1. a. Business Name: \_\_\_\_\_
- b. Doing Business As (if different): \_\_\_\_\_
- c. Physical Address: \_\_\_\_\_  
Street Name City State Zip County  
Date This Location Was Established: \_\_\_\_\_
- d. Corporate Headquarters (if different):  
\_\_\_\_\_  
Street Name City State Zip County
- e. Mailing Address (if different): \_\_\_\_\_  
Street Name City State Zip County
- f. Phone: \_\_\_\_\_ g. Fax: \_\_\_\_\_ h. Mobile: \_\_\_\_\_
- i. E-mail: \_\_\_\_\_ j. Web: \_\_\_\_\_
2. Is this business organized for profit? Yes  No
3. Sole Proprietor's or Majority Owner's Full Name/Title:  
\_\_\_\_\_  
Contact Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Tax Identification Number or Owner's Social Security Number (for Sole Proprietors):  
\_\_\_\_\_
5. Business Structure (check appropriate business structure):
- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Partnership         |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership                   |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Limited Liability Corporation/Company |
6. Identify your major products/services offered (PROVIDE A SPECIFIC NARRATIVE DESCRIPTION):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Provide the six-digit NAICS code(s) which correspond to your work category. These codes can be obtained by visiting [www.sctrca.org](http://www.sctrca.org) or [www.census.gov/eos/www/naics/](http://www.census.gov/eos/www/naics/).

























8. Date Company Established: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

9. What are the exact gross receipts of the firm for each of the last three years?

Year Ending	Exact Gross Receipts
20__	\$
20__	\$
20__	\$

Employee Workplace Demographics	Number of Employees	
	Local	Company-Wide
Total number of Employees (Part-time)		
Total Number of Employees (Full-time)		
Total Number of Independently Contracted Employees		

## SECTION II - OWNERSHIP AND CONTROL

**Race/Ethnic Codes:** CA-White/Caucasian AA-African American HA-Hispanic American AI-Asian Indian AS-Asian Pacific American and Sub-Continent Asian American NA - Native American DI-Disabled Individual

10. Please identify the firm's ownership:

Name	Ethnicity	Gender	Years of Ownership	Ownership Percentage	Date Acquired
1.					
2.					
3.					
4.					

11. How was the business started or acquired?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> New Start-up    | <input type="checkbox"/> Inherited   |
| <input type="checkbox"/> Bought Existing | <input type="checkbox"/> Merged      |
| <input type="checkbox"/> Transfer        | <input type="checkbox"/> Other _____ |



12. List officers and directors of corporation (Submit copies of resume(s) for those listed):

Name	Title	Ethnicity	Gender	Years Of Ownership	Ownership %	Director Y/N
1.						
2.						
3.						

13. Provide name of licensed individual(s) and type of license necessary for business (Submit copies of license(s) with application):

Name of License Holder	Type of License/Certificate	Expiration Date

14. Identify by name, race/ethnicity, sex and title, those individuals in the firm (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including but not limited to those with prime responsibility for:

Business Area	Name	Ethnicity	Gender	Title
<b>Financial Decisions</b>				
<b>Management Decisions</b>				
<b>Estimating</b>				
<b>Personnel</b>				
<b>Purchasing of Major Items/Supplies</b>				
<b>Supervision of Field Operations</b>				
<b>Signing of Contracts</b>				

15. Does your firm have an agreement with any other business or person related to the management or operation of your business? Yes  No

## SECTION III – IMPORTANT NOTICES & AFFIDAVIT

### IMPORTANT NOTICES:

The SCTRCA reserves the right to request any additional information deemed necessary to determine if a firm is certifiable. The burden of proof of ownership, management and control of the business is on the Applicant. Failure to cooperate and/or provide requested information within the time specified, is grounds for termination in the processing of your application for Certification. If at any time the SCTRCA has reason to believe that any person or firm has willfully and knowingly provided incorrect or false information, the SCTRCA will initiate de-certification procedures. De-certification is automatic if a certified business enterprise has a change in ownership, management or control and does not notify the SCTRCA within 30 days of said change. To locate SCTRCA business enterprise certification policies and procedures, please visit [www.sctrca.org](http://www.sctrca.org).

### VENDOR DIRECTORY/DATABASE DISCLOSURE:

The SCTRCA does **not** disclose information which may be regarded as **proprietary or confidential** under federal and/or state law. However, as a part of its outreach efforts, the SCTRCA maintains a vendor directory/database which is available to the general public. The information in the vendor directory/database consists of Firm name, contact person, address, fax and phone numbers, service or product provided and certification status, if any. No proprietary or financial information is included. Unless this provision is crossed out and initialed by Firm, the directory information of the Firm will be available to the public on the database.

### EXCEPTIONS (i.e. certified vendors seeking to streamline the application process or seeking reciprocity pursuant to SCTRCA policy):

Firms residing within the jurisdiction and holding a **CURRENT** certificate issued by Southwest Minority Supplier Development Council, Texas Comptroller of Public Accounts, Small Business Administration Section 8(a), or Women's Business Enterprise Alliance who provide evidence of certification will streamline the qualification process. A firm that has been certified by the Texas Unified Certification Program (the "TUCP") will be granted SCTRCA Certification upon evidence of current TUCP Certification. The reciprocal SCTRCA issued certification will be valid for two years. **Submit Only:**

- Signed and Completed SCTRCA Certification Application;
- Current certification letter and/or a copy of your current Certificate;
- Letter indicating changes in ownership and/or management and control in your firm's last year of business and/or a letter indicating no changes in ownership and/or management and control since your firm's certification;
- Copies of current Licenses or Certificates required to operate business;
- **Business Income tax returns** (three most recent years) or pages 1 and 2 of the Form 1040 along with all of the pages of the Schedule C's (for business taxes filed as personal taxes); and **if applicable**
- **Quarterly TWC Reports** last two quarters (only for firms whose size standards are based on the number of employees example. manufacturing).

**IMPORTANT NOTICE: SCTRCA certification services are provided for free to Applicants residing within the jurisdiction. The SCTRCA will charge Applicants residing outside the SCTRCA jurisdiction fees for any and all Certification Reviews made during the certification process regardless of whether Applicant becomes certified, and during any and all post-certification Site Visits. The SCTRCA is a non-profit agency, therefore, extraordinary expenses for providing certification services beyond its jurisdiction must be recaptured. Charges will be incurred at the expense of the Applicant or certified business residing outside of the SCTRCA jurisdiction for actual costs incurred by the SCTRCA for Certification Reviews and Site Visits. Such charges include but are not limited to mileage, travel, lodging and per diem. Firms seeking certification using services provided by other sources (fee based or otherwise) are not guaranteed certification by the SCTRCA. Should a firm require assistance, please contact the SCTRCA.**

**I WOULD LIKE TO APPLY FOR CERTIFICATION AS A (check as many as are applicable):**

- African American Business Enterprise (AABE)\*
- Asian American Business Enterprise (ABE)\*
- Disabled Individual Business Enterprise (DIBE)
- Emerging Small Business Enterprise (ESBE)\*
- Hispanic American Business Enterprise (HABE)\*
- Minority Business Enterprise (MBE)
- Native American Business Enterprise (NABE)\*
- Small Business Enterprise (SBE)\*
- Veteran Business Enterprise (VBE)
- Women Business Enterprise (WBE)\*
- General Directory Firm (No certification requested) (Complete Section I only).

**\*NOTE: APPLICANTS SEEKING CERTIFICATION RECOGNITION FROM A MEMBER ENTITY MUST SATISFY ALL OF THAT MEMBER ENTITY'S REQUIREMENTS PURSUANT TO MEMBER ENTITY POLICY.**

**BY CHECKING THE BELOW LISTED BOXES YOU AGREE TO HAVE YOUR BUSINESS INCLUDED IN THEIR VENDOR DIRECTORY:**

- CITY OF SAN ANTONIO'S VENDOR DIRECTORY; CENTRAL VENDOR REGISTRY (CVR)
- SAN ANTONIO HOUSING AUTHORITY
- SAN ANTONIO WATER SYSTEM
- UNIVERSITY HEALTH SYSTEM

**Affidavit**

This form must be signed for each owner upon whom certification status is relied. A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS CERTIFICATION APPLICATION IS SUFFICIENT GROUNDS FOR DENIAL OF CERTIFICATION OR REVOCATION OF A PREVIOUSLY APPROVED CERTIFICATION 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, AS WELL AS CITY ORDINANCE.

The undersigned swears or affirms under penalty of law that I have read and understand all of the questions in this application and that all of the foregoing information and statements submitted in connection with the application are true and correct to the best of my knowledge and include all material information necessary to accurately identify and explain the operations and capabilities of **(Name of the Firm)** \_\_\_\_\_ along with the ownership, management and control thereof. The undersigned also affirms and expressly agrees that the Firm's directory information, consisting of Firm name, address, phone number, fax number, contact person, services and/or goods offered, along with certification status of the Applicant Firm, if any, will be available to the public in the SCTRCA vendor directory/database.

**Signature of Sole Proprietor or Majority Owner(s):**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Date**