



Governor's Office of Diversity Business Enterprise

INTRODUCTION

The Governor's Office of Diversity Business Enterprise (Go-DBE) encourages minority owned, woman owned and small business enterprise firms interested in the state of Tennessee procurement opportunities to register for certification with the Governor's Office of Diversity Business Enterprise.

Diversity Business Enterprise is defined as a business that is a "for-profit" owned and controlled by a minority or woman or a small business that meets the size and employee established within the Governor's Office of Diversity Business Enterprise according to T.C.A. 12-3-801 through 808 and established guidelines.

REGISTRATION AND ASSESSMENT

The Governor's Office of Diversity Business Enterprise will register and assess firms for eligibility to meet with Go-DBE guidelines. A response to each of the questions is necessary in order to avoid unnecessary delays and provide you with prompt efficient service.

PROCESS FOR CLAIMING STATUS AS A DIVERSITY BUSINESS ENTERPRISE

The process for claiming status as a Diversity Business Enterprise is designed to verify the eligibility of businesses that claim status as a minority owned, woman owned or small businesses. Business owners must submit documentation with the completed registration form that supports the claim of minority, woman owned or small business status to the Governor's Office of Diversity Business Enterprise. All required supporting documentation must be submitted within 5 - 7 days of initial receipt of the registration application. The information submitted by the business, together with supporting documents will be reviewed and verified by the Governor's Office of Diversity Business Enterprise. Information provided in response to the registration will become the property of the state of Tennessee and will be kept in strict confidentiality.

A business that is certified by the U. S. Small Business Administration, state Departments of Transportation, other state Department Certifications, Metropolitan Transit Authorities, Metropolitan Nashville Airport Authority, Tennessee Minority Supplier Development Council, Local Purchasing Councils, National Minority Supplier Development Councils (state chapters), or the Women Business Enterprise National Council, Uniform Certification Agency, Mid-South Minority Business Council may submit a copy of their current certification along with identification for minority and woman owned business from any of the above agencies in lieu of submitting additional documentation requested. **Business information will be required such as business and professional license, insurance, etc.**

Businesses who meet the requirements for claiming status as a Diversity Business Enterprise will be notified by letter notification and will serve as certification as minority owned, woman owned or small business enterprise status. Businesses unable to meet the requirements for certification claiming status as a Diversity Business Enterprise will receive notification by letter.

NOTE: The Governor's Office of Diversity Business Enterprise reserves the right to verify ownership and management control of businesses claiming status as a minority owned, woman owned and small business enterprise. On site visits will be conducted to ensure that minority, woman and small business ownership and control of the business exist and/or verify control and that the business is an on-going concern. Failure to provide accurate and true information will result in denial of status as a minority owned, woman owned or small business enterprise.

REQUEST FOR ADDITIONAL INFORMATION

In some cases, additional information or documents not limited to those items requested in the Documentation Checklist of the registration form may be needed to verify ownership and control status.

CHANGES IN STATUS

After certification, if there are changes in the diversity business status (owner, management, officers, stock sales/purchases, etc.) that may impact the applicant's eligibility as a certified Diversity Business Enterprise, such changes must be communicated by the applicant in writing to the Governor's Office of Diversity Business Enterprise within ten (10) days of their occurrence.

Failure to communicate such changes as required herein shall constitute grounds for discontinuing status as a Diversity Business Enterprise.

REGISTRATION/CERTIFICATION PERIOD

Registration/certification shall be effective for a period of two (2) years. The Governor's Office of Diversity Business Enterprise reserves the right to perform an on site visit or request additional information to verify the status of a company and to ensure that the company is in compliance with the legal definition and meaning of minority, women and small business ownership, **at any time** during the certification process or certification period.

1. Renewal of registration/certification should be submitted to the State of Tennessee Governor's Office of Diversity Business Enterprise not less than sixty (60) days prior to the date of expiration of the existing registration/certification. It is the responsibility of the certified diversity business to maintain an active certification status with Go-DBE office at all times for referrals of procurement opportunities.
2. Registrations/certifications submitted for renewal shall meet all of the original requirements for claiming status as minority, women or small business enterprise.
3. All applicants must be U.S. Citizens or a Permanent Resident Alien and must reside in the state of Tennessee. Out-of-State individuals seeking certification with Go-DBE **must be certified** in their own state of residence and submit evidence of their existing certification at the time of registration. The Governor's Office of Diversity Business Enterprise is unable to certify out of state firms that do not have an existing certification.
4. Firms that are denied certification by Go-DBE may reapply for certification in two (2) years from the date of denial.

GENERAL INSTRUCTIONS
GOVERNOR’S OFFICE OF DIVERSITY BUSINESS ENTERPRISE
REGISTRATION APPLICATION

This is an electronic form

Please complete a response for all Highlighted questions on the application

Complete each SECTION with the information requested below:

SECTION I – GENERAL BUSINESS INFORMATION

1. **FEDERAL IDENTIFICATION NUMBER:** Enter the FEIN or SOCIAL SECURITY NUMBER under which you legally do business. This is key to your registration/certification and will be used by the state to identify your company. **(DO NOT USE ANY DASHES)** in the space provided.
Note: Firms that change their FEIN or SSN during the registration/certification process will be required to re-register for certification with Go-DBE office
2. **LEGAL BUSINESS NAME:** The name that you designate as the name of your organization must be the same as the name that you list on bids (Events/Solicitations from the state) or other legal documents with the state, and the name recorded with the Internal Revenue Service.
3. **ORGANIZATION ADDRESS:** Please enter the exact physical location address of your business in the appropriate space. DO NOT ENTER P.O. BOX. You must also complete and click the box to indicate if this is a home based business. Please include the business telephone/fax number (include area codes and any extensions). Enter business Email ID and/or Website Address and the address to which Sourcing Events – from Edison (Bids/solicitations) are to be e-mailed.
4. **NAME OF CONTACT:** Enter the name, title, and phone number of the person in your organization who is seeking certification with the Governor’s Office of Diversity Business Enterprise. You must also complete the telephone/mobile number (include area codes and any extensions). Enter the e-mail address for the diversity member seeking certification.
Person (s) Authorized to submit electronic Bids – Provide the names of individuals within your firm that are authorized to sign bids (Events/Solicitation from the state) on behalf of your company.
5. **LEGAL STRUCTURE OF BUSINESS:** Indicate if the business is a “Sole Proprietorship” “Partnership,” “Limited Liability Corporation (LLC)” “Corporation type (S or C)”. If incorporated, indicate in what State the incorporation papers were filed and the date incorporated. Also, submit documentation required for your legal structure. REFER TO DOCUMENT CHECKLIST attached at the end of these instructions.
Note: If your business is currently certified by the U.S. Small Business Administration 8a/SDB Program, Minority Purchasing Councils, Airport Authorities, State Department of Transportation, Metro Transit Authorities or other Uniform Certification Agencies, YOU ARE NOT REQUIRED TO SUBMIT DOCUMENTATION REQUESTED FOR YOUR LEGAL STRUCTURE

- **Sole Proprietorship/Individual:** A non-incorporated firm or business owned by an individual. If the business is a sole proprietorship click to place a mark next to sole proprietorship.
- **Partnership:** A non-incorporated firm owned by two or more persons or entities. If the business is a partnership click to place a mark next to partnership.
- **LLC (Limited Liability Corporation):** A legal entity that has the option of being taxed like a partnership, but shields personal assets from business debt like a corporation. If the business is a LLC, click to place a mark next to LLC.
- **Corporation (S or C):** Owned by one or more stockholders and which has filed for incorporation status in the United States. If the business is a corporation, click to place a mark next to corporation.
- **Non-Profit:** Businesses exempt from state or federal income taxes. *(The Governor’s Office of Diversity Business Enterprise will only register and certifies for-profit businesses.)*
- **Corporation:** Subchapter S Corporation is a corporation that has elected a special tax status with the IRS. Subchapter S corporations are most appropriate for small business owners and entrepreneurs who want to be taxed as if they were sole proprietors or partners. If the business is an S Corporation, click to place a mark next to Corporation.

SECTION II – BUSINESS ASSESSMENT/NEEDS ANALYSIS

- 6. GROSS ANNUAL RECEIPTS AND NUMBER OF EMPLOYEES:** Click in the appropriate space that best describes your gross annual receipt volume for the last calendar or fiscal year. (A copy of most recent year Tax Return is required for all applicants.)
Number of Employees: Enter the number of full-time and part-time employees who work directly for the business. Full-time and part-time employees are paid directly by the business. Do not include contract labor.
- 7. ORGANIZATION HISTORY:**
- Please indicate the number of years you have been in this business. If less than two years, please submit your resume.
 - Indicate whether or not your business has changed ownership within the last two (2) years by clicking yes or no in the space provided.
 - If yes, please provide previous firm name and owner.
 - If yes, indicate whether or not you acquired or bought this business.
 - If business was bought or acquired, give date of acquisition or purchase.
- 8. TYPE OF ORGANIZATION ACTIVITY:** Click on the appropriate industry category that best describes your business activity or Industry. **You may only select one Industry for certification.**
- 9. PROFESSIONAL BUSINESS LICENSE:** If a professional license is required to conduct business, i.e., CPA, Attorney, Securities, Security, Insurance, etc. please enter the type of work, city and state of licenses held, expiration date and business license number. **Please provide copy of current license.**
- 10. KEY PERSONNEL:** Provide the names and titles of Key Personnel in your firm. This information should include but is not limited to your key management personnel who perform and control management and business type operations.
- 11. NAME OF INSURANCE COMPANY:** If applicable, please provide the name of your insurance carrier business name, address, telephone number and contact person. **Please provide copy of current certificate of insurance.**
- 12. TYPE OF INSURANCE COVERAGE:** Please indicate the type of insurance carried by the business. (May select more than one type of coverage)
- 13. NAME OF BONDING COMPANY:** If applicable, please provide the bonding business name, address, telephone number and contact person.
- 14. BONDING INFORMATION:** If applicable, enter your bonding limits per job, your total bonding amount, your bonding rate and your bid amount limit.
- 15. DIVERSITY PROJECT INFORMATION:** Please list all major projects you have participated in as a diversity business enterprise including dollar value and the year.
- 16. CLIENT REFERENCES:** Please list clients for which you have engaged in business opportunities including business names, addresses, telephone numbers and contact persons.
- 17. SPECIFIC PRODUCTS, GOODS OR SERVICES:** Please indicate clearly the specific products, goods or professional services your company desires to provide to the State of Tennessee. Note: For registration with State of Tennessee Edison go to the Purchasing Division website to identify NIGP Codes: The NIGP Code, “is a product of the National Institute of Governmental Purchasing, Inc., is copyrighted material and cannot be downloaded or used in any way other than for the State of Tennessee Vendor Registration and Solicitation programs associated with the roll out of its new ERP (Oracle/Peoplesoft) system named Edison”. Use the following link to access the NIGP Codes:
<http://state.tn.us/generalserv/purchasing/alphanigp.html>

18. ANSWER ALL questions in this section applicable to your company ownership and management. Click in the space provided that best responds to the question. Provide any necessary documentation requested.

19. PLEASE CLICK **ONLY ONE** DIVERSITY BUSINESS CATEGORY:

Minority Business Enterprise (MBE)

"Minority owned business" means a minority owned business that is a continuing, independent, for profit business which performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one (1) or more minority individuals who are impeded from normal entry into the economic mainstream because of past practices of discrimination based on race or ethnic background.

"Minority " means a person who is a citizen or lawful permanent resident of the United States and who is:

- (A) African American (a person having origins in any of the black racial groups of Africa);
- (B) Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race);
- (C) Asian American (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands); or
- (D) Native American (a person having origins in any of the original peoples of North America).

Women Business Enterprise (WBE)

"Woman owned business" means a woman owned business that is a continuing, independent, for profit business which performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one or more women; or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned and controlled by one (1) or more women and whose management and daily business operations are under the control of one (1) or more women.

Small Business Enterprise (SBE)

"Small business" means a business that is independently owned and operated, in accordance with the provisions of this part, and is not dominant in its field of operation.

Businesses claiming status as a **small business enterprise** must meet the annual sales volume or the number of employees for their industry based on criteria adopted by the Governor's Office of Diversity Business Enterprise. (Visit www.tennessee.gov/diversity and click on "Eligibility Guidelines").

20. **NAME OF OWNERS/PARTNERS/OFFICERS:** Provide for each owner, partner and officer their name, title, gender, ethnic race, citizenship, years owned, voting and ownership percentages, number of shares, cost of shares, and types of shares.

SECTION III- COMPANY OWNERSHIP AND MANAGEMENT CONTROL

21. **Click in the appropriate space** in this section applicable to the identification you are presenting for ownership and management. Applicants must provide two (2) pieces of identification for each owner of the firm.

22. **DISCLOSURE:** **Click in the appropriate space in this section response applicable to the ownership and management.**

23. **AFFIRMATION:** Read this section carefully. By submitting this form the principal owner agrees to the terms as stated.

APPLICATIONS ARE SUBMITTED ELECTRONICALLY TO THE GOVERNOR'S OFFICE OF DIVERSITY BUSINESS ENTERPRISE MAILBOX AT GO.DB.E@TN.GOV DOCUMENTATION MAY BE SCANNED AND E-MAILED TO SAME E-MAILBOX ADDRESS OR FAXED TO THE NUMBER BELOW:

Mailing Address:

**312 Rosa L. Parks Avenue
27th Floor, Wm. R. Snodgrass – Tennessee Tower
Nashville, TN 37243
Phone: (615)253-4657
Fax (615)253-4813**