**NORTHWEST INDIANA REGIONAL DEVELOPMENT AUTHORITY**

**SELF CERTIFICATION FORM**

(Minority and Woman Business Enterprises – M/WBE)

All of the information provided in SECTION 1 will be included in the RDA M/WBE Database which may be shared on the RDA's website to assist grantees in locating M/WBE firms that are interested in working on RDA grant funded projects unless you indicate otherwise in SECTION 4.

**Instructions for completing this form**: Click on the shaded box within each section and enter/type the appropriate information for your company. For check boxes, double click the appropriate box and under *default value*, select checked. When you are finished, save the form as a Word file using the following format to name it: your company name with SCF (i.e., SLMConsultingSCF). You should then print the form, sign the last page and return it to the appropriate parties via regular mail or scan and email.

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| **SECTION 1 – General Information** | | | |
| Name of Firm (Print) | | | |
| Street Address (City, State) | | | (Zip Code) |
| Mailing Address (City, State) | | | (Zip Code) |
| (Area Code) Phone No. | | Email | |
| Is your main office located in Indiana?  Yes  No If Yes, County:  Lake  La Porte  Porter  Other \_\_\_\_\_\_\_ | | | |
| Business Entity Status:  MBE  WBE  *MBE: A Minority Business Enterprise (MBE) is a business which is at least 51% owned and whose management and daily business operations are controlled by one or more minorities who are citizens or lawful permanent residents of the United States and a member of a recognized ethnic or racial group. The management operations and control must be substantial, real, and on-going on a regular basis.*  *WBE: A Women Business Enterprise (WBE) is a business entity at least 51% owned and whose management and daily business operations are controlled by one or more women who are citizens or lawful permanent residents of the United States. The management operations and control must be real, substantial and on-going on a regular basis.* | | | |
| Ethnicity of Owner(s)  White  Black  Hispanic  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **SECTION 2 – Certification Status** | | | |
| Check Appropriate Box:  Construction  Vendor/Supplies  Consultant/Service Provider  Other | | | |
| Are you certified with any other agencies:  Yes  No  If yes, please list: | | | |
| Is your firm 51% owned and managed by one or more minority owners?  Yes  No | | | |
| Is your firm 51% owned and managed by one or more women owners?  Yes  No | | | |
| Are the owner’s citizens or lawful permanent residents of the U.S.?  Yes  No | | | |
| **SECTION 3 - Work Conducted by Firm (describe what your firm does)** | | | |
| Construction |  | | |
| Vendor/Supplies |  | | |
| Consultant/Service Provider |  | | |
| Other |  | | |
| **SECTION 4 - Acknowledgment of Publication** | | | |
| The undersigned acknowledges and agrees that the non-statistical information provided in SECTION 1 may be published on the RDA website and M/WBE Directory, which may be shared with grantees, consultants, RDA board members, general public and others in both electronic and paper formats, unless exceptions are noted below.  I agree to publication of all SECTION 1 information  I do not agree to publication of the following (check all that apply)  Street Address  Phone Number  Email Address  Mailing Address  Business Entity Status | | | |
| **SECTION 5 - Certification of Ownership** | | | |
| The undersigned is authorized to execute this Self Certification form on behalf of:        (Name of Firm)    Street Address (City, State, Zip Code)    Name(s) of Owner(s)  And swears under penalty of perjury that our firm meets the definition of MBE and/or WBE as set forth above and that all information contained in this form is true and correct. Any material misrepresentation will be grounds for terminating any purchase orders or contracts which may be or have been awarded. | | | |
| Signed in       (City, County, State)  On       (MM/DD/YYYY)  By:      (Print Name)       (Title)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (Area Code) Phone No. | | | |

Return this self-certification form to the Grantee/Contractor/Organization who sent this form to you or to:

**Organizational Development Solutions, Inc**

PO Box 214

Westville IN 46391

(219) 395-9564

Electronically to: information@successwithods.com