



MICRO-LOCAL BUSINESS ENTERPRISE CERTIFICATION

Application Process

Overview:

The City of Grand Rapids is committed to doing business with local and small businesses in the Grand Rapids area. A business designation of Micro Local Business Enterprise (MLBE) has been established to enhance the competitiveness of these businesses to obtain City contracts. A business can maintain the MLBE certification **status for a length of nine (9) consecutive years with annual reviews.**

All applicants must attach supporting documentation for each of the five conditions. A business certified by the City of Grand Rapids as a MLBE must meet each of the following five conditions:

1. **Business Age:** Must be in business for at least one full year (twelve months).
2. **Registration:** Must complete vendor registration with the City of Grand Rapids Purchasing Department (<https://www.grandrapidsmi.gov/Services/Register-as-a-VendorSupplier>).
3. **Business Location:** The principal place of business must be in operation for at least six (6) months from a fixed office located in Kent County, Michigan.
4. **Business Size:** The previous three-year average business revenue or permanent number of employees is 25% or less of the Small Business Administration's (SBA) NAICS industry small business standards (https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf)
5. **Personal Net Worth:** The controlling owner(s) (totaling 51% or more) individual personal net worth, as determined for SBA (8a) status (13CFR124.104.c(2)) is \$305,500 or less at the time of initial application. For continued Micro-LBE eligibility after admission to the program, net worth shall not exceed \$750,000.

Step to certification:

Firms interested in becoming certified as a Micro-LBE must do the following:

1. Complete the attached application
2. Provide documentation to substantiate items 1 through 8 on the application
3. Submit application to the Office of Equity and Engagement (City of Grand Rapids 300 Monroe NW, Suite 840)

Applications will be processed within 30 days from the date received (provided that all documentation has been submitted). Thank you for your interest in becoming a Micro-Local Business Enterprise (MLBE) with the City of Grand Rapids. If you have questions or need additional information, please contact ODI at (616) 456-3027.

MICRO LOCAL BUSINESS ENTERPRISE APPLICATION

FOR OFFICE USE:

CD TYPE OF SERVICES PROVIDED:

Notice: Suppliers cannot be listed under the construction category.

Construction Professional Services Goods and Services

(?) COMPANY INFORMATION:

Company Name

Street Address

City County State Zip Code

(Area Code) Telephone Number Fax Number

Federal Taxpayer Identification Number

Owner Name(s)

Owner Name(s)

Owner Name(s)

Owner Name(s)

Contact Person Name (if different) Email Address

Web Site Address

® COMPANY DESCRIPTION:

Please provide a brief description of the types of products or services your business provides. This information may be included in our MLBE Directory.

MICRO LOCAL BUSINESS ENTERPRISE APPLICATION

® **BUSINESS AGE:** must be in business for at least one full year. (Articles of Incorporation; Business registration - LLC, LP, DBA, licenses or 2 prior year federal, state or local tax returns.) Business start date is requested in CCR process and tied to D.U.N.S number.

<» **REGISTRATION:** Must be registered as a vendor with the City of Grand Rapids Purchasing Department.

® **BUSINESS LOCATION:**
Attach evidence of conducting business from a fixed office located within Kent County, Michigan for at least six (6) months. (Example: copy of current utility bill and one-dated six (6) months prior).

O BUSINESS SIZE:

A List your gross annual receipts and include copies of your financial statements for the past three (3) fiscal years. Divide total by 3 (number of years) to determine average; or enter the number of permanent employees.

B Provide your company’s primary NAICS code. Go to https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf for a complete listing of the NAICS codes. Write in the revenue amount or number of employees that qualifies for “small business” status for that NAICS code as determined by the small business administration.

C Enter one-fourth (25%) of the revenue amount or employee number from **B**. The amount or number in **C** must equal or do not exceed the average in **A**.

BUSINESS SIZE WORKSHEET

	YEAR	GROSS ANNUAL REVENUE	EMPLOYEES
	20__	\$ -	
	20__	\$ -	
	20__	\$ -	
A	AVERAGE	\$ -	

SBA SMALL BUSINESS STANDARD SIZE

Primary NAICS Code	Revenue	Employees
B	\$ -	#
C	25%x B \$ -	#

® **PERSONAL NET WORTH:**

Attach notarized letter(s) from a financial institution, CPA or bonding agency (letterhead) stating that your net worth is \$305,500 or less. The criteria listed by the Code of Federal Regulations (13CFR124.104.c(2)) www.ecfr.gov must be followed when determining net worth. A letter for each controlling owner(s) (totaling 51% or more) of the business must be attached to this application affirming that net worth was determined based on the criteria listed under (13CFR124.104.c(2)).

Note: When determining net worth applicants may exclude the equity in the primary personal residence.

MICRO LOCAL BISINESS ENTERPRISE AFFIDAVIT

ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR DENIAL OF CERTIFICATION.

The undersigned hereby affirms that the applicant firm believes it is qualified for certification as a micro local business, as set forth in the certification guidelines established by the City of Grand Rapids. The undersigned agrees to hold the City of Grand Rapids harmless in any claim arising out of this application or information provided by the applicant and agrees to indemnify the City of Grand Rapids for any liability incurred in connection with this application or with the certification of the applicant firm.

Name of Business: _____

Signature of Owner(s) or Managing Partner _____

Date _____

Signature of Owner(s) or Managing Partner _____

Date _____

Date: _____ State of: _____ County of: _____
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On this ____ day of _____, 20____, before me appeared (name) _____ to me personally known, who being duly sworn, did execute the following affidavit, and did state that to execute the affidavit and did so as his or her free act deed.

Notary Public: _____

Commission Expires: _____

Applications will be processed within 45 days from the date received (provided that all documentation has been submitted).