



Dear Entrepreneur:

Congratulations on taking the first step to increase business opportunities for your company. The Rocky Mountain Minority Supplier Development Council (RMMSDC) would like to take this time to assist you with your company's business growth and development requirements as well as certify you as a minority business enterprise (MBE). To learn more about the Rocky Mountain MSDC please visit [www.rmmsdc.org](http://www.rmmsdc.org).

This packet contains:

- Certification Criteria
- Certification Process
- Certification Checklist
- Certification Application

The processing of your certification application can take anywhere from 1 – 90 days depending on when RMMSDC received your information. The Certification Committee meets the 1<sup>st</sup> Tuesday of every month. **RMMSDC strongly suggest that you submit a completed application no later than a week prior to the committee meeting.**

Once you become certified by the RMMSDC, you will join more than 240 corporations and over 500 MBEs all with the common mission *to increase and expand business opportunities and business growth for MBEs.*

During the process, if you have any questions, please feel free to contact Julian Montano, Certification Coordinator, at (303)623-3037 or [breana@rmmsdc.org](mailto:breana@rmmsdc.org).

Good luck on all your future business endeavors. We look forward to servicing you.

Upon completion of this entire document, including two-page CAPABILITY STATEMENT, please email to [breana@rmmsdc.org](mailto:breana@rmmsdc.org).

Breana Parker  
Certification Coordinator

## Certification Criteria

1. A Minority Business Enterprise (MBE) must be a currently functioning business enterprise which:
  - is an independent business concern that is at least 51% independently owned, managed and controlled by the minority group members
  - demonstrates the capability to perform a line of business
  - provides a commercially useful business function according to customs and practices of the industry
2. The controlling interest in a firm represented to be minority shall be by one or more **CITIZENS OF THE UNITED STATES OF AMERICA** who are:
  - **Black** having origins in any black racial groups of Africa (not of Hispanic origin)
  - **Hispanic** whose origin is from Mexico, Puerto Rico, Cuba, Central and South America, or Hispanic cultures or descents
  - **Asian/Pacific Islanders** whose origin is from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, Taiwan, India, Pakistan and Bangladesh
  - **Native American** having origins in any of the American/Alaskan Indians, Eskimos, Aleuts, and Native Hawaiians. All American/Alaskan Indians must be documented members of a federally recognized tribal entity.
3. The minority ownership and control shall be real and continuing and not created solely to take advantage of special programs aimed at minority business development.
4. The minority owner(s) shall enjoy the customary incidents of ownership and shall share in the risks and profits and shall have contributed capital, equipment and/or expertise to the business commensurate with his/her percentage of ownership.
5. The contributions of capital or expertise by the minority owner(s) to acquire their interests in the firms shall be real and sustainable.
6. To be considered operational, applicant must be able to produce at least one invoice and business receipt.

## **Certification Criteria**

7. The minority owner(s) shall possess the power to direct or cause the direction of the management and policies of the firm and shall possess the capability of making day-to-day as well as major decisions on matters of management, policy and operations of the firm. There shall be no restriction on the minority owner's ability to control which would prevent the minority owner from making a business decision without the cooperation or vote of a non-minority person. Such control shall be known or at least tacitly acknowledged in day-to-day operations by employees and business references of the business. Where licenses are required to perform the functional mission of the company, such licenses shall be held in the name and/or independent control of minorities.
8. All securities which constitute ownership of a corporation for purposes of establishing it as a minority business enterprise shall be held directly by the minority owner(s). No securities held in trust or by any guardian for a minority shall be considered held by minority persons in determining ownership and control of the corporation.
9. Applicant must supply the Council with a copy of the documents requested on the Certification Application Checklist that apply to the type of business enterprise in which Applicant is engaged. Incomplete applications cannot be processed. The Council reserves the right to request further information from the Applicant prior to or during the certification process. All materials submitted shall be retained by the Rocky Mountain Minority Business Council. Applicant further agrees to allow RMMSDC representatives access to and right to inspect Applicant's place of business.

**The Rocky Mountain Minority Business Council (RMMSDC)  
reserves the right to deny or revoke certification for cause at  
anytime.**

## Certification Process

**Step 1: Application** – Complete and submit to RMMSDC with all of the required documentation

**Step 2: Initial Review** – to determine if file is complete

If complete

Proceed to next step

If anything is missing

letter sent requesting missing material

Application held until information received (no longer than 90 days)

**Step 3: Desk Audit** – Review of entire application and all supporting documentation plus reference checks for potential “red flags”

No “Red Flags” Identified

Proceed to next step

“Red Flags Identified”

noted and forwarded to next step

**Step 4: Site Visit Preparation** - file reviewed in preparation of site visit. If “red flags” were identified, it is determined whether or not they would cause a denial regardless of what was found during the site visit. If so, a denial letter is prepared for signature.

**Step 5: Site Visit** – Personal visit to business to meet with principals and review certain documents to verify ownership, management and control functions. A report of the site visit is prepared and added to the file.

**Step 6: Certification Committee** – committee meets to review file and make its determination. Recommendations are reported to the Board of Directors for action. Approval, tabled or denial letters are prepared for signature.

**Step 7: Board of Directors** – vote on final approval to uphold or overturn the certification committee recommendations

**Step 8: Notification** – applicants will receive a written notification of their status within one week. Applicants can contact the RMMSDC office the next business day after the committee meets in to receive a verbal indication of their status.

*Note: The above process can take anywhere from 1 – 90 days depending on when the application arrives in relationship to the monthly meetings (1<sup>st</sup> Tuesday) of the Certification Committee. Typically an application takes a minimum of five working days to process.*

## Declaration of Certification of Minority Status

I (We) have completed and submitted the Minority Supplier Registration and Database Input Form as requested by the ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL and hereby certify that the information contained herein and all attachments submitted are true and correct and accurate to the best of my (our) knowledge and belief. I (We) understand that this Declaration of Certification and the criteria set forth have been developed according to the guidelines established by the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL. The certification, when granted, will be for a one (1) year period. I (We) further understand that completion and submission of this form, together with all attachments hereto, is not necessarily the sole criteria for determining certification of minority status by the ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL.

I (We) acknowledge that if the Council discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately. I (We) agree that all materials submitted with this package shall become the property of the Council.

I (We) further agree that once certified, the continued certification and registration by the ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL will be according to the guidelines, rules and regulations of the ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL and the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL and may be amended for time to time. Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the minority business concern.
2. Discovery that any false information was knowingly supplied to the ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL in the completion of this form or as contained in any attachments submitted.
3. Failure to provide timely notice or withholding of any notice to the ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL of the transfer or loss of ownership and/or management and control of the business concern by its minority group members.
4. Failure or refusal to allow the ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL and/or its representative access to the company's place of business upon reasonable notice and demand for the purpose of a site visit.
5. Sale, exchange, or transfer of ownership of the minority business concern, if such transfer results in the loss of control and ownership of the business concern by the minority group members.

I (We) understand and agree that the ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL reserves the right to request any further and additional information that it may deem necessary to substantiate the information and representations made by the applicant (applicants) for certification. I (We) declare that the company in whose name this application is being submitted is at least fifty-one percent (51%) owned by one or more minority individuals (as defined herein) and such individuals control, operate and manage the company.

The undersigned hereby agrees (agree) to hold ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL free and harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agrees to indemnify and hold ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL harmless for any and all liability in connection with the certification of the information contained in this application.

The undersigned hereby declares (declare) under penalty of perjury that all statements made in this application and any attachments hereto are true and correct. **I understand that the \$250.00 Registration Fee is included and non-refundable.**

## Certification Checklist

**DOCUMENTATION ATTACHMENTS** – Please include appropriate documentation with the application and please indicate which documents are attached. The documentation required for certification is listed below, but is not limited to:

**ALL BUSINESSES ARE REQUIRED TO SUBMIT:**

- Fictitious Business Statement - DBA (if applicable)
- Proof of U.S. Citizenship (passport, birth certificate, driver's license and voter's registration card)
- Proof of Ethnicity for Owner(s), Partners, Shareholders (passport, birth certificate)
- Two Years of Federal Tax Returns (Business)\*<sup>1</sup>
- Financial Statements (P &L , statement of cash flows, balance sheet, income statement)\*<sup>2</sup>
- Notes Payable (if any)
- Applicable Operating Business License and/or permits
- Lease Agreement
- Signature page of homeowners deed or mortgage receipt (only if home based)
- Resume(s) of owner(s), partners or shareholders
- Equipment Rental and Purchase Agreements (if applicable)
- Current invoice receivables with proof of payment (at least two)
- Equipment owned or available (include description of equipment, year acquired, and current value)
- Proof of Bonding Capacity (if applicable)
- Bank Signature Card (or letter from bank identifying signatures on the account and type of account)
- Indian/Native Americans Blood Degree Certificate (i.e. tribal registry letter, tribal roll register number) [if applicable]
- \$250.00 non-refundable processing fee

**PARTNERSHIPS SUBMIT:**

- Partnership Agreements
- Buy Out Rights
- Profit Sharing
- Proof of Capital Investment
- Certificate of limited partnership or certificate of formation
- Third-party agreements: management service agreements

## Certification Checklist Continued

### ❑ **LLCs SUBMIT:**

- ❑ Certificate of organization
- ❑ Articles of Organization or Certificate of Formation
- ❑ Operational Agreement
- ❑ Proof of Capital Investment
- ❑ Regulations or company agreement
- ❑ Articles of Amendment or Certificate of amendment
- ❑ Minutes of the organizational meeting or minutes of the meeting
- ❑ Minutes of the last meeting where officers were elected
- ❑ Copy of both sides of all certificates of ownership issued as well as the next consecutive certificate not issued or Copy of both sides of all membership unit certificates issued as well as the next consecutive certificate not issued
- ❑ Copy of ownership transfer ledger or copy of membership transfer ledger

### **CORPORATIONS SUBMIT:**

- ❑ Article of Incorporation or Certificate of formation
- ❑ Articles of Amendment or Certificate of Amendment
- ❑ Certificate of Corporation
- ❑ Proof of Capital Investment
- ❑ Minutes of 1<sup>st</sup> Organizational Board Meeting
- ❑ Copies of both sides of all stock certificates issued as well as the next consecutive certificate not issued
- ❑ Current Stock Ledger
- ❑ Corporate Bylaws or Governing documents
- ❑ Proof of Stock Purchase
- ❑ Minutes of the last Board meeting
- ❑ Minutes of the last meeting where officers were elected

\*1 Personal taxes if in business less than 1 year or if you do not file business tax returns.

### **IMPORTANT NOTE:**

Please submit only required documents in chronological order. The submission of a neatly organized application accompanied with the required documents will expedite the processing of your application. Please provide an explanation for any documentation you cannot provide.

**Incomplete applications will promptly be returned.**



## CERTIFICATION APPLICATION

RETURN THIS DOCUMENT WITH ALL REQUESTED MATERIALS AND THE \$250 NON-REFUNDABLE PROCESSING FEE TO

ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL

1445 MARKET STREET SUITE 300

DENVER, CO 80202.

**DO NOT LEAVE ANY ITEMS BLANK OR OMIT ANY REQUESTED DOCUMENTS.**

### General Instructions:

When answers require additional space, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional answer and exhibit, state the name of the applicant, date of application and item number. Please answer all questions as completely as possible; if a particular question does not apply to your business operation, write not applicable (NA) in the space provided. You **must** include all attachments requested on page 7. Accurate and informative information will help expedite this process.

**The application must be signed, dated and include all applicable fees.**

Date of application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Day, Month, Year)

NAICS Codes: \_\_\_\_\_

### I. BUSINESS INFORMATION

Name of Business	_____
Contact Person Name	_____
Title	_____
Business Street Address	_____
Mailing Address, if different	_____
Telephone Number	_____
Fax Number	_____
Email Address	_____
Web Site Address	_____
8A Certification Number (if applicable)	_____

Date Business Was Established: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Day, Month, Year)

Type of acquisition (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Bought existing business | <input type="checkbox"/> Started business       |
| <input type="checkbox"/> Secured a franchise      | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Merger or consolidation  |   |

Is your business a home based operation: Yes \_\_\_\_\_ No \_\_\_\_\_

List or attach location of all additional facilities \_\_\_\_\_

List all professional licenses

\_\_\_\_\_

Major Products and/or services offered:

\_\_\_\_\_

\_\_\_\_\_

Gross Annual Sales \_\_\_\_\_

Can you supply, products or services: Local \_\_\_\_\_ Regional \_\_\_\_\_ National \_\_\_\_\_

**Legal Structure (check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> Professional Corporation      | <input type="checkbox"/> Corporation         |

**Number of Actual Employees**

Total Number of Employees: \_\_\_\_\_

Total Number of Minority Employees: \_\_\_\_\_

**Federal IRS ID Number:** \_\_\_\_\_ **Social Security No. of Employer(s):** \_\_\_\_\_

**Type of Business (check one)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Broker         |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Finance               | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Service       | <input type="checkbox"/> Distributorship       | <input type="checkbox"/> Other          |

**II. CUSTOMER BUSINESS REFERENCE**

1. Customer

Name: \_\_\_\_\_

Plant: \_\_\_\_\_

City: \_\_\_\_\_

Buyer: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Customer

Name: \_\_\_\_\_

Plant: \_\_\_\_\_

City: \_\_\_\_\_

Buyer: \_\_\_\_\_

Telephone \_\_\_\_\_

Product/Service: \_\_\_\_\_

Product/Service: \_\_\_\_\_

Dollar Volume: \_\_\_\_\_

Dollar Volume: \_\_\_\_\_

Quality Approvals: \_\_\_\_\_

Quality Approvals: \_\_\_\_\_

2. Customer Name: \_\_\_\_\_

4. Customer Name: \_\_\_\_\_

Plant: \_\_\_\_\_

Plant: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Buyer: \_\_\_\_\_

Buyer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Product/Service \_\_\_\_\_

Product/Service: \_\_\_\_\_

Dollar Volume \_\_\_\_\_

Dollar Volume: \_\_\_\_\_

Quality Approvals: \_\_\_\_\_

Quality Approvals: \_\_\_\_\_

**III. BANK AND CREDIT REFERENCES**

**1. List Your Bank and Credit References:\***

Name of Institution: \_\_\_\_\_

Address \_\_\_\_\_

City, State, & \_\_\_\_\_

Zip Code \_\_\_\_\_

Type of Account \_\_\_\_\_

Bank Officer \_\_\_\_\_

Title/ Telephone \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address \_\_\_\_\_

City, State, & \_\_\_\_\_

Zip Code \_\_\_\_\_

Type of Account \_\_\_\_\_

Bank Officer \_\_\_\_\_

Title/ Telephone \_\_\_\_\_

**2. List Other Credit References:**

\_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address \_\_\_\_\_  
 City, State, & \_\_\_\_\_  
 Zip Code \_\_\_\_\_

Type of Account \_\_\_\_\_

Bank Officer \_\_\_\_\_  
 Title/ Telephone \_\_\_\_\_

**\*Note: Please submit copies of all existing banking resolutions along with signature cards.**

**IV. CONSTRUCTION INFORMATION (if applicable)**

Trade Specialty \_\_\_\_\_ Bonding Capacity \$ \_\_\_\_\_

Bonding Agent \_\_\_\_\_

Authorities/Licenses (list all professional licenses)  
 \_\_\_\_\_  
 \_\_\_\_\_

Union Name: \_\_\_\_\_ Union Affiliation: \_\_\_\_\_

Union Local \_\_\_\_\_

Project Name \_\_\_\_\_  
 (most recent)

Project Name \_\_\_\_\_  
 (largest)

Geographical Area \_\_\_\_\_

Geographical Area \_\_\_\_\_

Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Finish Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Finish Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dollar Value \$ \_\_\_\_\_

Dollar Value \$ \_\_\_\_\_

**V. \*Please send copy of Bonding Certificate  
 TRANSPORTATION INFORMATION**

Transportation Carriers Only

1. Operating Status: Independent Carrier ( ) Common Carrier ( )

2. List the commodities you normally transport:  
 \_\_\_\_\_

3. Operating Authorities: Interstate ( ) Intrastate ( )

4. Insurance Carrier:\* \_\_\_\_\_

**\*Note: Please submit proof of insurance coverage.**

5. List All Vehicles and Equipment:

Vehicles and Equipment*	Owned/Leased?	Registration No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*Note: Please forward copies of all applicable vehicle title and/or lease agreements with this application.**

**VI. PLANT INFORMATION**

Plant Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Plant Manager \_\_\_\_\_

**Facilities (Total Available Space):** \_\_\_\_\_ **Office Square Feet** \_\_\_\_\_

**VI. EQUIPMENT INFORMATION**

List your basic operating equipment:	Owned	Leased
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Copy of Lease Agreement(s)**

**VII. MANAGEMENT INFORMATION**

**A. List the names of:**

Each proprietor, partner, officer, director and stockholder. The names listed should include Minority Group Members and Non-Minority Group Members. Under ownership column note if S (stockholder, proprietor or partner) D director and/or O (officer)

**B. Where the person is a minority group member, insert the appropriate code letter corresponding to the minority group in which he/she claims membership in accordance with the following:**

**Citizenship status:**

- |                     |                   |                         |
|---------------------|-------------------|-------------------------|
| B = Black           | E = Asian Pacific | 1 = By Birth            |
| H = Hispanic        | X = Non-Minority  | 2 = Naturalized Citizen |
| AI= Asian Indian    | O = Other         |                         |
| NA= Native American | C = Caucasian     |                         |

Name/Title	Handles Daily Management Yes/No	Minority Group Member	Ownership & Percent Ownership	Minority Group Member Citizen Status
1.				
2.				
3.				
4.				
5.				
6.				

- C. Does the applicant business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? (Check one) Yes No. If yes, provide the name, address, telephone number of the subsidiary, affiliate or parent. Also describe the relationship of the applicant company to the subsidiary, affiliate or parent.
- D. Does applicant business concern or any person listed in item VII (B) above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? Such agreements include but are not limited to management and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative services, marketing, production and other types of compensated services. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement. (Check one) Yes No.
- E. Is the applicant business concern involved in any present of pending lawsuit? (Check one) Yes No. If yes, provide details on a separate sheet.
- F. Is the applicant business concern involved in bankruptcy or insolvency proceeding? (Check one) Yes No. If yes, provide details on a separate sheet.
- G. Supply a brief history of the applicant business concern on a separate sheet.
- H. Supply a copy of the applicant's financial statement for one year preceding the year of application or for the time that the applicant has been in business if less than one year, plus financial statements of any subsidiaries or affiliates of the applicant for the same period of time. If the applicant is a new business concern include a copy of an opening balance sheet and projection of income, or a statement by a certified public accountant, which states that the applicant is a viable business concern. All financial statements submitted to the Council must show applicable date of the information given and must be signed and dated by the proprietor, partner or authorized officer unless prepared by an independent certified public accountant. All materials will be kept confidential.

***Policies and Procedures for Certification***

**Any arrangement between a minority business concern and other parties which involves apparent minority “fronts”, or other circumstances which would tend to circumvent the certification process by placing any substantial control of the minority business concern with a non-minority individuals(s) will be closely examined and will result in a denial or revocation of affiliate certification. In addition, reapplication for certification under such circumstances will be denied.**

Submitting false information is a Class II felony punishable if the Council chooses to press charges.

The undersigned hereby swears under penalty of law that all statements made in this application are true.

The undersigned agrees to hold the Council harmless for any claim arising out of this application and agrees to indemnify the Council for any liability in connection with the certification of the applicant.

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Business Name

**Signature of Proprietor, all Partners, or President of corporation:**

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Signature	Date	Print Name
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Signature	Date	Print Name
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Signature	Date	Print Name
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**Please continue to complete MBE Capability Statement**

# MBE Enhanced Capability Statement

## Suggested items to incorporate into your Capability Statement

(Please note that a Capability Statement should not exceed 2 pages.)

Most Purchasing Officers will want your Capability Statement in an electronic version as well, so it should be of a data file size that is reasonable enough to email and maintain in their database.

Date \_\_\_\_\_  
Legal Name of Business \_\_\_\_\_  
Name of dba, if any \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Mailing Address (if different than above) \_\_\_\_\_  
City, State, Zip Code (if different than above) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Web Address \_\_\_\_\_  
Name of Contact \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Owner's Title \_\_\_\_\_

## Geographic Area Served (please select all that apply)

- Local
- Regional
- National
- International

## Company Background

Please supply a brief statement of company background and intent: Brief description of general areas of expertise outlining products/services pertinent to your prospect. (Make sure you define what distinguished you from your competitors and what value/benefit the prospect can expect to receive.)

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**Business Classification (use NAICS codes)**  
Code(s)

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Text Description

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DUNS # \_\_\_\_\_

EIN# \_\_\_\_\_

CAGE Code from CCR Registration \_\_\_\_\_

**Certifications and Critical Licenses (Make sure you include any Socio-Economic Certifications that your company holds such as WBE, MBE, SDVOB, VOB, 8(a), HUBZone, DBE, etc.)**

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**Brief description of key personnel (if pertinent):**

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**Your company's past performance history:**

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**Various ways agencies can contract with you (i.e., GSA Schedule Number, Credit Cards accepted, Blanket Purchase Agreement Information, etc.)**

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*After completion, please submit this entire document, including your Capability Statement, to [breana@rmmsdc.org](mailto:breana@rmmsdc.org).*

Thank you!

**Stan Sena**

**President & CEO**

The Rocky Mountain Minority Supplier Development Council

303.623.3037