



Dear Small Business Owner,

RTD would like to invite you to participate – or renew your participation – in RTD's Small Business Enterprise (SBE) Program. Becoming SBE certified is easy! The certification process requires applicants to submit documentation of business size and personal net worth. Applicants are also required to submit proof of their capability to perform the services for which they are requesting certification. The qualifying owners must possess all required licenses and/or certifications to be eligible or to qualify for the applicable NIGP codes. Finally, the qualifying applicant(s) are required to execute the application affidavit in the presence of a notary.

RTD's SBE Program is open to any business, regardless of the race or gender of its owner(s), if it meets the following guidelines:

1. The average annual gross receipts for the business for the past 3 years do not exceed \$23.98 million. This includes any affiliate businesses owned in whole or in part by any owner of the business applying, regardless of their ownership interest; and
2. The business must be at least 51% owned by one or more individuals whose personal net worth is less than \$1.32 million – not including the equity in their primary residence or their equity/investment in the business applying. Applicants cannot transfer ownership solely for the purpose of qualifying for the SBE program. RTD will evaluate transfers of ownership within the past two years to determine compliance with the personal net worth requirements.

Eligible firms are classified in one of four categories depending on their three (3) year average gross receipts, as follows:

- Category 1: Firms with gross receipts less than \$1 million;
- Category 2: Firms with gross receipts between \$1 million and \$5 million;
- Category 3: Firms with gross receipts between \$5 million and \$10 million;
- Category 4: Firms with gross receipts greater than \$10 million but less than \$23.98 million.

If your business qualifies, please complete and submit the attached RTD SBE Application and Personal Financial Statement. Both forms must be submitted to apply or renew.

Note: see the Supporting Documents Checklist on the next page for documents to be submitted with the application.

RTD's Small Business Office will process the application once it is complete. If your SBE application is incomplete, you will be notified via email of the specific deficiencies. Missing information must be submitted within 14 days unless an alternate time is agreed to.

If found eligible, you will receive a letter of certification. RTD's SBE certification is valid for 3 years – as long as the business remains within the business size and personal net worth guidelines. Certified SBEs must update their application and certification file annually on or before their certification anniversary date.

For more information on RTD's SBE Program, please visit the Business Center at www.rtd-denver.com.

RTD SBE Application Supporting Documents Checklist

In order to complete your application for SBE certification, you must include copies of the following required documents.

The burden of proof to demonstrate eligibility for RTD's SBE program is on the applicant. If an applicant does not provide requested information within the allotted time provided by RTD, or if it submits incomplete information, RTD may presume that disclosure of the missing information would adversely affect the firm or would demonstrate lack of eligibility in the area to which the information relates. Failure to supply the required documents, or any subsequently requested documents, may result in denial of certification.

All new applicants must provide the following:

- Current resumes, including education and dates and places of employment with duties and responsibilities held, for all owners, directors, officers, and key personnel;
- Personal financial statement for each economically disadvantaged owner comprising 51% or more ownership of the firm;
- Federal income tax returns, including all supporting schedules and attachments, for the firm and all affiliates for the past three (3) years;
- Personal federal income tax returns, including all supporting schedules and attachments, for each economically disadvantaged owner for the past three (3) years;
- Copies of all licenses necessary to engage in the company's operations;
- An itemized list of all equipment owned and leased by the company;
- A Certificate of Good Standing issued by the Colorado Secretary of State; and
- An itemized list of inventory available for sale (for suppliers of goods only).

Currently-certified firms who are renewing their certification must provide the following:

- Personal financial statement for each economically disadvantaged owner comprising 51% or more ownership of the firm;
- The most recent Federal income tax returns, including all supporting schedules and attachments, for the firm and all affiliates;
- The most recent personal Federal income tax returns, including all supporting schedules and attachments, for each economically disadvantaged owner; and
- A Certificate of Good Standing issued by the Colorado Secretary of State.



SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION APPLICATION

INSTRUCTIONS: All questions must be answered and all information requested must be submitted. **DO NOT LEAVE ANY SPACE BLANK; ENTER "N/A" FOR NOT APPLICABLE.** Please mail or hand-deliver your completed application and Personal Financial Statement (forms are available for download in the Business Center at www.rtd-denver.com) to the address listed above. Faxed copies will not be accepted. If the application is not legible, complete, signed, dated, notarized, and accompanied by all documentation, you will be contacted to correct the deficiency. For assistance, please call the above number.

Application Type <input type="checkbox"/> New Application <input type="checkbox"/> Renewal	How Did You Hear About RTD's SBE Program? <input type="checkbox"/> I am Renewing <input type="checkbox"/> RTD Website <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____
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1. Name of Firm			2. EIN
3. Physical Address	City	State	Zip
4. Mailing Address (if different)	City	State	Zip
5. Contact Name		6. Business Phone	
		7. Fax Number	
8. Email		9. Website	
10. Type of Ownership (Check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation			
11. Date Established	12. Date Incorporated/Organized	13. State of Incorporation	
14. Nature of the Firm's Work			
15. Primary Owner's Citizenship, Ethnicity, and Gender			
Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Other (Explain)	Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Other <input type="checkbox"/> Caucasian	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	

**REGIONAL TRANSPORTATION DISTRICT
SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION APPLICATION**



16. Ownership Details

If you indicated Sole Proprietor in Question 10, please provide the following information:

Name	Social Security Number	Ethnicity	Gender	# of Years as Owner
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If you indicated Partnership, Limited Liability Company (LLC), or Corporation in Question 10, please provide the following information (attach additional pages if needed):

Name	Board/Management Position	Ethnicity	Gender	Number of Shares Held	Ownership %	Date Acquired
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
Total Number of Shares Issued		Number of Shares Outstanding				

17. Is the firm owned in full or in part by another company?

Yes No

(If yes, on a separate sheet, list the parent company's owners, percentage held by each, and the names and addresses of its directors and officers. If minorities, please indicate.)

18. Identify any individual named in questions 16 or 17 who currently is, or who was within the last three years, an owner, manager, or employee of another firm that has an ownership interest in or present business relationship with the firm. Present business relationships include the sharing of space, employees, equipment, or financing. Explain any such relationships below.

19. Have there been any transfers/changes of ownership in the past two years?

Yes No

(If yes, explain on a separate sheet.)

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20. Management – indicate control of firm in the following areas:

	Name	Relationship to owners	Title	Ethnicity	Gender
Financial Decisions					<input type="checkbox"/> Female <input type="checkbox"/> Male
Estimating					<input type="checkbox"/> Female <input type="checkbox"/> Male
Marketing/Sales					<input type="checkbox"/> Female <input type="checkbox"/> Male
Hire/Fire Personnel					<input type="checkbox"/> Female <input type="checkbox"/> Male
Purchasing Major Equipment/Supplies					<input type="checkbox"/> Female <input type="checkbox"/> Male
Supervision of Field Operations					<input type="checkbox"/> Female <input type="checkbox"/> Male
Jobs the Company Selects					<input type="checkbox"/> Female <input type="checkbox"/> Male
Surety and/or Performance Bonds					<input type="checkbox"/> Female <input type="checkbox"/> Male
Insurance					<input type="checkbox"/> Female <input type="checkbox"/> Male
Checking Account Signature Authority					<input type="checkbox"/> Female <input type="checkbox"/> Male
Negotiating and Signing Contracts					<input type="checkbox"/> Female <input type="checkbox"/> Male

21. Were any of the individuals listed above on another company's payroll concurrent with employment with the applicant firm?

Yes No

22. Gross receipts and employment levels. Beginning with the most recent year in which the business filed a federal income tax return with the Internal Revenue Service (IRS) and going back three previous years, provide the gross receipts figures as they were reported on the federal income tax returns. Also, provide the total number of employees for each year.

Tax Year	Gross Receipts	# of Employees
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Does the company own/lease the equipment necessary to provide the essential functions of its business? (List owned/leased equipment on separate sheet, by type and quantity.)

Yes No

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24. List all certifications (DBE, MBE, WBE, ESB, SBE, etc.) the firm has received. (Please provide copies of certification letters.)

25. Has the firm ever been denied certification by a government agency? (If yes, provide copies of all such denial letters and any appeal decisions.)

Yes No

26. Has any individual named in questions 16, or 17 been an owner or manager with a firm that has been denied certification? (If yes, please provide an explanation on a separate attachment.)

Yes No

27. List the three (3) largest contracts completed by the firm. If the firm does not perform contract-based work, provide three business references with contact information.

Contract With	Contact Person	Phone Number	Contract Amount	Type of Work	Date

28. What type of products or services does the business provide? To review the bid code master list used by RTD procurement to describe products and services provided by vendors, go to www.rtd-denver.com, click DBE/SBE information. Under DBE/SBE resources, click "Get on our bidder's list." RTD's current bid code master list is at the bottom of the page.

NIGP Code	NIGP Code Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**REGIONAL TRANSPORTATION DISTRICT
SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION AFFIDAVIT**



The undersigned swears under penalty of perjury, that the information provided in this application is correct and true, and includes all material information necessary to identify and explain the operations of _____ as well as the ownership thereof. (name of firm)

The undersigned also states that he or she has the authority to execute the affidavit and does so as his or her free act and deed.

The undersigned also affirms that:

1. The business can perform all listed services in a professional and competent manner;
2. The business has legal access to all listed products and can provide them in a timely manner; and
3. The business is operating within the following SBE Program guidelines:
 - The average annual gross revenues for the business for the past 3 years are less than \$23.98 million; and
 - The personal net worth of the qualifying owner(s) of the business is less than \$1.32 million, not including the equity in his or her primary residence and in the applicant business.

Any fraud or misrepresentation concerning information provided in the application will result in the maximum legal prosecution allowed by prevailing statutes.

As a participant in the RTD SBE Program, I promise to notify the RTD Small Business Office; 1600 Blake Street, BLK-31; Denver, CO 80202, within thirty (30) days in writing of:

- Any changes to ownership, location, contact information and/or service offerings by the business; and
- Any change of the financial status of the business that would violate the financial guidelines of the RTD SBE Program as outlined above.

I understand that this RTD SBE certification may be investigated, audited, suspended, or revoked at any time for cause at the discretion of the RTD Small Business Office.

(printed name) (title)

(signature) (date)

NOTARY

The foregoing affidavit was subscribed and sworn to before me on this _____ day of _____, 20____
by _____.

SEAL

Notary Public Signature

Commission Expiration Date

Regional Transportation District
PERSONAL FINANCIAL STATEMENT

(Submit with SBE Certification Application)



As of _____, 20 _____

CONFIDENTIAL

Check if: Joint Individual

INSTRUCTIONS: Complete this form for each majority owner or stockholder whose individual or combined interest makes up 51% or more of the company's ownership. Do not leave any item blank; enter "0" or "N/A." This statement must be notarized before submitting with the SBE Certification Application.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant	

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
1. Cash on Hand and in Banks.....\$ _____	12. Accounts Payable..... \$ _____
2. Savings Accounts\$ _____	13. Notes Payable to Banks and Others \$ _____ (Describe in Section 1)
3. IRA or Other Retirement Account.....\$ _____	14. Installment Account (Auto)..... \$ _____
4. Accounts and Notes Receivable.....\$ _____	15. Installment Account (Other) \$ _____
5. Life Insurance – Cash Surrender Value Only\$ _____ (Complete Section 7)	16. Loan on Life Insurance \$ _____
6. Stocks and Bonds\$ _____ (Describe in Section 2)	17. Mortgages on Real Estate \$ _____ (Describe in Section 3)
7. Real Estate\$ _____ (Describe in Section 3)	18. Unpaid Taxes \$ _____ (Describe in Section 5)
8. Automobile(s) – Present Value\$ _____	19. Other Liabilities..... \$ _____ (Describe in Section 6)
9. Other Personal Property\$ _____ (Describe in Section 4)	20. Total Liabilities (add lines 12-19)..... \$ _____
10. Other Assets\$ _____ (Describe in Section 4)	21. Net Worth \$ _____ Total Assets (line 11) minus Total Liabilities (line 20)
11. Total Assets (add lines 1-10)\$ _____	

Sources of Income	Contingent Liabilities
22. Salary\$ _____	26. As Endorser or Co-Maker \$ _____
23. Net Investment Income\$ _____	27. Legal Claims and Judgements..... \$ _____
24. Real Estate Income.....\$ _____	28. Provision for Federal Income Tax \$ _____
25. Other Income\$ _____	29. Other Special Debt \$ _____

Section 1 Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

Section 2 Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name of Securities	Number of Shares Held	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Current Value
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

Section 3. Real Estate Owned (List each property separately. Include your primary residence. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Current Market Value	\$	\$	\$
Name of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance	\$	\$	\$
Payment Amount	\$	\$	\$
Status of Mortgage			

Section 4. Other Personal Property and Other Assets (Describe; if any is pledged as security, state the name and address of lien holder, amount of lien, terms of payment; if delinquent, describe delinquency. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Section 5. Unpaid Taxes (Describe in detail as to type, to whom payable, amount and date due, and to what property, if any, a tax lien attaches.)

Section 6. Other Liabilities (Describe in detail. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Section 7. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company, and beneficiaries.)

By signing this form, I authorize the Small Business Office at Regional Transportation District (RTD) to verify the accuracy of the statements made in order to determine whether I meet the personal net worth guidelines for participation in RTD's Small Business Enterprise (SBE) Program. These statements are true and correct to the best of my belief.

Printed/Typed Name:	Signature and Date:
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County of _____ State of _____

Subscribed and sworn before me this ____ day of _____, _____.

Signed _____
(Notary Public)

(Address of Notary)

NOTARY SEAL HERE