REGIONAL TRANSPORTATION DISTRICT Small Business Opportunity Office 1660 Blake St. BLK-31 Denver, CO 80202



RTD's Small Business Enterprise (SBE) Certification Program New Application Fact Sheet

RTD administers the RTD SBE Program and certifies firms to participate on its locally funded projects with SBE goals. RTD supports community in business and strives to protect and provide value to the small, minority, and disadvantaged business community. Becoming and remaining RTD SBE-certified provides small businesses with no-cost inclusion on the RTD SBE directory that increases visibility for contract opportunities and participation that will count toward RTD projects with SBE goals. Firms will also receive personal invitations to business marketing and outreach events and will have higher visibility with other agencies such as Denver Public Schools and Denver Water. RTD SBEs also enjoy secure contract protection clauses on RTD contracts including prompt payment, retainage release, and no reduction, replacement, or termination without cause.

All firms seeking to participate in RTD's SBE Program must complete the RTD's SBE Application to be listed on RTD's SBE directory.

SBE Certification Eligibility Criteria

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 5 years may not exceed \$30.72 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 \$2.047 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 also 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 \$30.72 million.

Certification Application

If your business qualifies, please complete and submit the attached RTD SBE Application & Affidavit and Personal Financial Statement. Both forms, along with the supporting documents listed on the checklist included in this packet must be submitted. Documents may be submitted via email to SBO@RTD-Denver.com. Please note, RTD

only accepts these SBE Certification Application and Personal Financial Statement forms. Alternative forms are not accepted. RTD reserves the right to request additional information/documentation and conduct a site visit as it

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Certification Processing

RTD's Small Business Opportunity Office will process received applications on a first-come, first-serve basis. Applications must be received in full before the SBE certification review can begin. If your 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. The total new certification review timeline may take up to 45 days.

Certification Decision

Once the certification review is complete, you will receive notice of certification or denial. If found eligible, you will receive a letter of certification. This letter will include the NAICS codes indicating the types of work performed by the firm that may be counted toward RTD's SBE goals. You will list on the application the NAICS codes you wish the Small Business Opportunity Office to consider. However, the Small Business Office will determine as part of its evaluation process which NAICS codes a firm is eligible to be certified for, based on several eligibility factors, including the owner's ability to control each type of work. RTD will, on request, provide an explanation for why it granted or omitted specific NAICS codes.

If found in-eligible, you will receive a letter that explains RTD Small Business Opportunity Office's findings and reasons for ineligibility, specifically referencing the evidence in the record that supports each reason for denial.

RTD's SBE certification is valid for six (6) years from the last day of the month in which it was certified if the business remains within the business size and personal net worth guidelines. After six (6) years, firms must complete a Recertification. Certified SBEs must complete an Annual Update on or before their certification anniversary date. Failure to submit an annual update or recertification will unfortunately result in loss of SBE certification.

Questions?

If you have questions or concerns, please contact the Small Business Opportunity Office by email at SBO@RTDDenver.com.

Please visit the Business Center at www.rtd-denver.com for more information on RTD's SBE Program, including the full RTD SBE Policies and Procedures, information on doing business with RTD, and upcoming events and contracting opportunities.



RTD Small Business Enterprise (SBE) New Certification Application Documents Checklist

In order to complete your application for RTD SBE certification, you must include copies of the following required documents. This is to ensure that all participating firms and qualifying owners are eligible for the RTD SBE Certification program and only firms that are SBE-qualified will receive SBE contract opportunities and count toward participation in RTD projects with SBE goals. RTD supports community in business and strives to protect and provide value to the small, minority, and disadvantaged business community.

Please email all required documents to SBO@RTD-Denver.com.

All firms applying for RTD SBE Certification must provide the following:

| A complete, signed, and notarized RTD SBE Certification Application & Affidavit. |
|--|
| Personal financial statement for EACH economically disadvantaged owner comprising 51% or more ownership of the firm. Please note, only RTD's personal financial statement form will be accepted; alternative agency's forms will not be accepted. |
| Federal income tax returns, including all supporting schedules and attachments, for the firm and al affiliates for the past three (3) years. RTD reserves the right to request an additional (2) years returns if needed. |
| Personal federal income tax returns, including all supporting schedules and attachments, for each economically disadvantaged owner for the past three (3) years. |
| Current resumes, including education and dates and places of employment with duties and responsibilities held, for all owners, directors, officers, and key personnel. |
| Copies of all licenses and certifications necessary to engage in the firm's operations. |
| A Certificate of Good Standing issued by the Colorado Secretary of State. |
| A Certificate of Registered Trade Name issued by the Colorado Secretary of State (if applicable). |
| A Statement of Foreign Entity Authority issued by the Colorado Secretary of State (if applicable). |

| □ An | itemized | list of inv | entories | available f | or sale | (for | suppliers | of | goods | only | 1) |
|------|----------|-------------|----------|-------------|---------|------|-----------|----|-------|------|----|
|------|----------|-------------|----------|-------------|---------|------|-----------|----|-------|------|----|

☐ An itemized list of all equipment owned and leased by the firm.

rtd-denver.com



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RTD reserves the right to conduct a site visit and request additional information/documentation as it deems necessary.

The SBE Certification Application & Affidavit and RTD Personal Financial Statement are attached to this packet and also available for download at https://www.rtd-denver.com/business-center/dbesbe/ forms.

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 unfortunately result in denial of RTD SBE certification.

If you have any questions or need assistance, please contact RTD's Small Business Opportunity Office at SBO@RTD-Denver.com.

REGIONAL TRANSPORTATION DISTRICT SMALL BUSINESS OPPORTUNITY OFFICE 1660 Blake St., BLK-31 Denver, CO 80202



RTD SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION APPLICATION

INSTRUCTIONS: All questions must be answered, and complete information provided. **DO NOT LEAVE ANY SPACE BLANK; ENTER "N/A" FOR NOT APPLICABLE.** Please email your completed application, Personal Financial Statement(s), and supporting documentation to SBO@RTD-Denver.com. Forms are available for download at https://www.rtd-denver.com/business-center/dbesbe/forms. 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 or questions, please reach to the Small Business Opportunity Office at SBO@RTD-Denver.com.

| Арр | lication Type | How Did You Hear About RT | D's SBE Program | m? | | |
|-----|--------------------------------|---------------------------|------------------|---------------------|-----------------|---------------|
| | New Application | ☐ I am Recertifying | ☐ RTD V | Website Co | ommunity Event: | |
| | 1 Recertification | ☐ Word of Mouth | ☐ Other | | | |
| 1. | Name of Firm | , | | | | 2. EIN |
| | | | | | | |
| 3. | Physical Address | | | City | State | Zip |
| | | | | | | |
| 4. | Mailing Address (if different) | 1 | | City | State | Zip |
| ٦. | Mailing Address (ii differenc) | 1 | | City | State | Ζίρ |
| | | | | | | |
| 5. | Owner Name | | | | 6. Business Pho | one |
| | | | | | | |
| 7. | Email | | | 8. Website | | |
| | | | | | | |
| | | | | | | |
| 9. | Type of Ownership (Check o | ne) | | | | |
| | | Partnership | | Liability Company (| | rporation |
| 10. | Date Established | 11. Da | ate Incorporated | I/Organized | 12. State of | Incorporation |
| | | | | | | |
| 13. | Nature of the Firm's Work | <u> </u> | | | | |
| | | | | | | |
| 14. | Primary Owner's Citizenship, | Ethnicity, and Gender | | | | |
| 17. | Trimary Owner's Guzenship, | , Editioly, and Gender | | | | |

| RI | П | D |
|----|---|---|
| | | |

| Citizenship | Ethnicity | | | Gen | nder | |
|---|------------------|----------------------------|--------------------------|---------------------|----------|-------------------------------------|
| ☐ US Citizen | ☐ Black | : 🗖 Hispa | nic | | ☐ Fe | emale |
| ☐ Lawful Permanent Resident | ☐ Subc | ontinent Asian 🗖 | Native American | | ☐ Ma | ale |
| ☐ Other (Explain) | ☐ Asiar | Pacific (| O ther | | ☐ Ot | ther |
| | ☐ Cauc | asian | | | | |
| 15. Ownership Details | | | | | | |
| If you indicated Sole Proprietor in Qu | estion 10, pleas | e provide the follo | wing information: | | | |
| Name | | | Social Security Numb | er | | # of Years as Owner |
| | | | | | | |
| If you indicated Partnership, Limited | Liability Compa | ny (IIC) or Corne | ration in Ouaction 10 | places provide the | followir | ag information (attach additional |
| pages if needed): | Liability Compa | ny (LLC), or Corpc | ration in Question 10, | please provide trie | HOHOWII | ig information (attach additional |
| | | | | | | |
| Name | Boa | ard/Management Position | Number of Shares Held | Ownership % | | Date Acquired |
| | | 1 0310011 | Shares ricia | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total Number of Shares Issued | ' | Total Nu | mber of Shares Outsta | nding | | |
| | | | | | | |
| 16. Is the firm owned in full or in part by | another compa | ny? | | | | |
| ☐ Yes ☐ No | | | | | | |
| ☐ Yes ☐ No | | | | | | |
| (If yes, on a separate sheet, list the | parent company | s owners, percer | tage held by each, an | d the names and a | ddresse | s of its directors and officers. If |
| minorities, please indicate.) | | | | | | |
| 17. Identify any individual named in ques firm that has an ownership interest employees, equipment, or financing. | in or present b | ousiness relationsh | nip with the firm. Pre | | | |
| | <u> </u> | <u> </u> | | | | |
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18. Have there been any transfers/changes of ownership in the past two years?



| Yes | No | (If yes, explain on a separate sheet.) |
|-----|----|--|
| | | |

| | Name | Relationship to owners | Title |
|---|--------------------------------------|--|-------------|
| inancial Decisions | | | |
| stimating | | | |
| 1arketing/Sales | | | |
| lire/Fire Personnel | | | |
| Purchasing Major Equipment/Supplies | | | |
| Supervision of Field Operations | | | |
| obs the Company Selects | | | |
| furety and/or Performance Bonds | | | |
| nsurance | | | |
| Checking Account Signature authority | | | |
| legotiating and Signing Contracts | | | |
| Were any of the individuals listed abo | ve on another company's payroll conc | urrent with employment with the applican | t firm? |

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

| Does the company own/lea | | to provide the essent | ial functions of its busines | s? (List owned/leased equipmer | nt on |
|---|---|------------------------|---|--------------------------------------|--------|
| ☐ Yes ☐ No | | | | | |
| List all certifications (DBE, N | 1BE, WBE, ESB, SBE, etc.) the | e firm has received & | years certified. (Please pro | vide copies of certification letters | s.) |
| | | | | | |
| | | | | | |
| Has the firm ever been deni | ied certification by a governm | ent agency? (If yes, | provide copies of all such d | enial letters and any appeal decis | sions. |
| ☐ Yes ☐ No | , , | 3 , () , | ' | , | |
| | | n owner or manager | with a firm that has been o | denied certification? (If yes, plea | ase pr |
| ☐ Yes ☐ No | | | | | |
| List the three (3) largest or business references with co | | tion completed by the | e firm. If the firm does no | ot perform contract-based work, | provi |
| Contract With | Contact Person | Phone Number | Contract Amount | Type of Work | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| What of products or service | s does the business provide? | For a list of NAICS co | des, go to <u>www.census.go</u> | v/naics/. | |
| What of products or service NAICS Code | s does the business provide? | | des, go to <u>www.census.go</u> AICS Code Descriptor | v/naics/. | |
| | s does the business provide? | | | v/naics/. | |
| | s does the business provide? | | | v/naics/. | |
| | s does the business provide? | | | v/naics/. | |
| | s does the business provide? | | | v/naics/. | |
| | s does the business provide? RTD SBE CERTIFI | N | AICS Code Descriptor | | |



The undersigned also states that they have 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; and 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 \$30.72 million; and
 - The personal net worth of the qualifying owner(s) of the business is less than \$2.047 million, not including the equity in their primary residence and in the applicant business.

Any fraud or misrepresentation concerning information provided in the application will result in revocation of the application and/or certification and may 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 Opportunity Office; SBO@RTDDenver.com, 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 or qualifying owner(s) 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

Commission Expiration Date

Regional Transportation District

INDIVIDUAL PERSONAL FINANCIAL STATEMENT

(Submit with SBE Certification & Recertification Applications)



| As of,20 | | (| CC | NFIDE | N | TIAL | | | | |
|---|---------|-----------------------|-------|--------------------|--|--|-----------------|---------------------|--------------------------|-----------------------------------|
| INSTRUCTIONS: Complete this for more of the company's ownership any item blank; enter "0" or "N/A | . Thi | s form shou | ld ir | nclude individ | dua | ıl assets only; j | ointly-h | eld asset | ts should be s | plit. Do not leave |
| Name | | | | | | | Bus | iness Pho | one | |
| Residence Address | | | | | | | Res | idence Ph | none | |
| City, State, & Zip Code | | | | | | | | | | |
| Business Name of Applicant | | | | | | | | | | |
| ASS | SETS | (Omit Cents) | | | | | | LIA | BILITIE \$ Omit (| Cents) |
| Cash on Hand and in Banks | | \$_ | | | 12 | .Accounts Payabl | e | | | \$ |
| 2.Savings Accounts | | \$ | | | _13 | . Notes Payable t | o Banks a | and Othe | rs | \$ |
| 3. IRA or Other Retirement Account | | \$ _ | | | | (Describe in Section | • | | | |
| 4. Accounts and Notes Receivable | | \$ | | | | | | | | \$ |
| 5. Life Insurance – Cash Surrender Va | alue O | nly\$ | | | | | | | | \$ |
| (Complete Section 7) | | | | | | | | | | . \$ |
| 6. Stocks and Bonds (Describe in Section 2) | | | | | | (Describe in Section | on 3) | | | \$ |
| 7.Real Estate | | | | | <u>1</u> 8 | B.Unpaid Taxes (Describe in Section | on 5) | | | . \$ |
| 8. Automobiles(s) – Present Value \$ | | | | | 19.Other Liabilities | | | | | .\$ |
| 9. Other Personal Property\$ (Describe in Section 4) | | | | | 20. Total Liabilities (add lines 12-19)\$ | | | | | |
| 10.Other Assets Including Business Own (Describe in Section 4) | nershi | p Interestss | \$ | | | | | | | |
| 11. Total Assets (add lines 1-10) | | \$_ | | | 21 | Net Worth Total Assets (lin | | | | |
| Sources | of In | come | | | | | | Conting | ent 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 D | ebt | | | \$ |
| Section 1 Notes Payable to Ba | nks a | nd Others (| Jse a | ttachments if ne | cess | sary. Each attachm | ent must b | e identifie | d as part of this s | tatement and signed.) |
| Name and Address of Noteholder(s |) | Original Balance | | Current Balance | | Payment Amount | Frequ (month | uency nly, etc.) | | ured or Endorsed of Collateral |
| | | \$ | | \$ | | \$ | | | | |
| | | \$ | | \$ | | \$ | | | | |
| | | \$ | | \$ | | \$ | | | | |
| Section 2 Stocks and Bonds (U | se atta | chments if nec | essar | y. Each attachm | nent | must be identified | as part of | this staten | nent and signed.) | |
| Name of Securities | | umber of ares Held | | Cost | | Market Val | | | Date of ion/Exchange | Total Current Value |
| | | | \$ | | | \$ | | | | \$ |
| | | | \$ | | | \$ | | | | \$ |
| | | | \$ | | | \$ | | | | \$ |
| | | | \$ | | | \$ | | | | \$ |
| | | ļ | Ψ | | ! | ₹- | | <u> </u> | | Ť |

| 25. Other Income | | \$ | | | | | | | |
|----------------------------------|----------|-----------------------|-------|---------------------|-------------------------------|-----------------|---------------------|----------------------|--|
| Section 1 Notes Payable to Ba | anks a | nd Others (| Use a | ttachments if neces | ssary. Each attachm | ent must l | oe identifie | ed as part of this s | statement and signed.) |
| Name and Address of Noteholder(s | 5) | Original Balance | | Current Balance | Payment Amount | Frequ (month | iency ily, etc.) | | ured or Endorsed Type of Collateral |
| | | \$ | | \$ | \$ | | | | |
| | | \$ | | \$ | \$ | | | | |
| | | \$ | | \$ | \$ | | | | |
| Section 2 Stocks and Bonds (| Jse atta | chments if nec | essar | y. Each attachmen | t must be identified | as part of | this statem | ent and signed.) | |
| Name of Securities | | umber of ares Held | | Cost | Market Vali Quotation/Excl | | | Date of on/Exchange | Total Current Value |
| | | | \$ | | \$ | | | | \$ |
| | | | \$ | | \$ | | | | \$ |
| | | | \$ | | \$ | | | | \$ |
| | | | \$ | | \$ | | | | \$ |

1

CONFIDENTIAL

| | 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 (Describer payment; if delinquent, describe delinquency. Use attachments if necessary | | |
|--|--|---------------------|------------------|
| | | | |
| | | | |
| Section 5. | Unpaid Taxes (Describe in detail as to type, to whom payable, a mount 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 Opportunity 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: | |
| | | | |
| County of | State of | | |
| | | | |
| Subscribed and sworn before me this day of, | | | |
| Signed (Notary Public) | | | |
| | | | |
| | | | |
| (Address of Notary) | | | |
| | | | |
| | | | NOTARY SEAL HERE |