

CERTIFIED BUSINESS ENTERPRISE PROGRAM ORIENTATION

Department of Small and Local Business Development



Agency Mission

The **Department of Small and Local Business Development (DSLBD)** supports the development, economic growth, and retention of District-based businesses, and promotes economic development throughout the District's commercial districts.



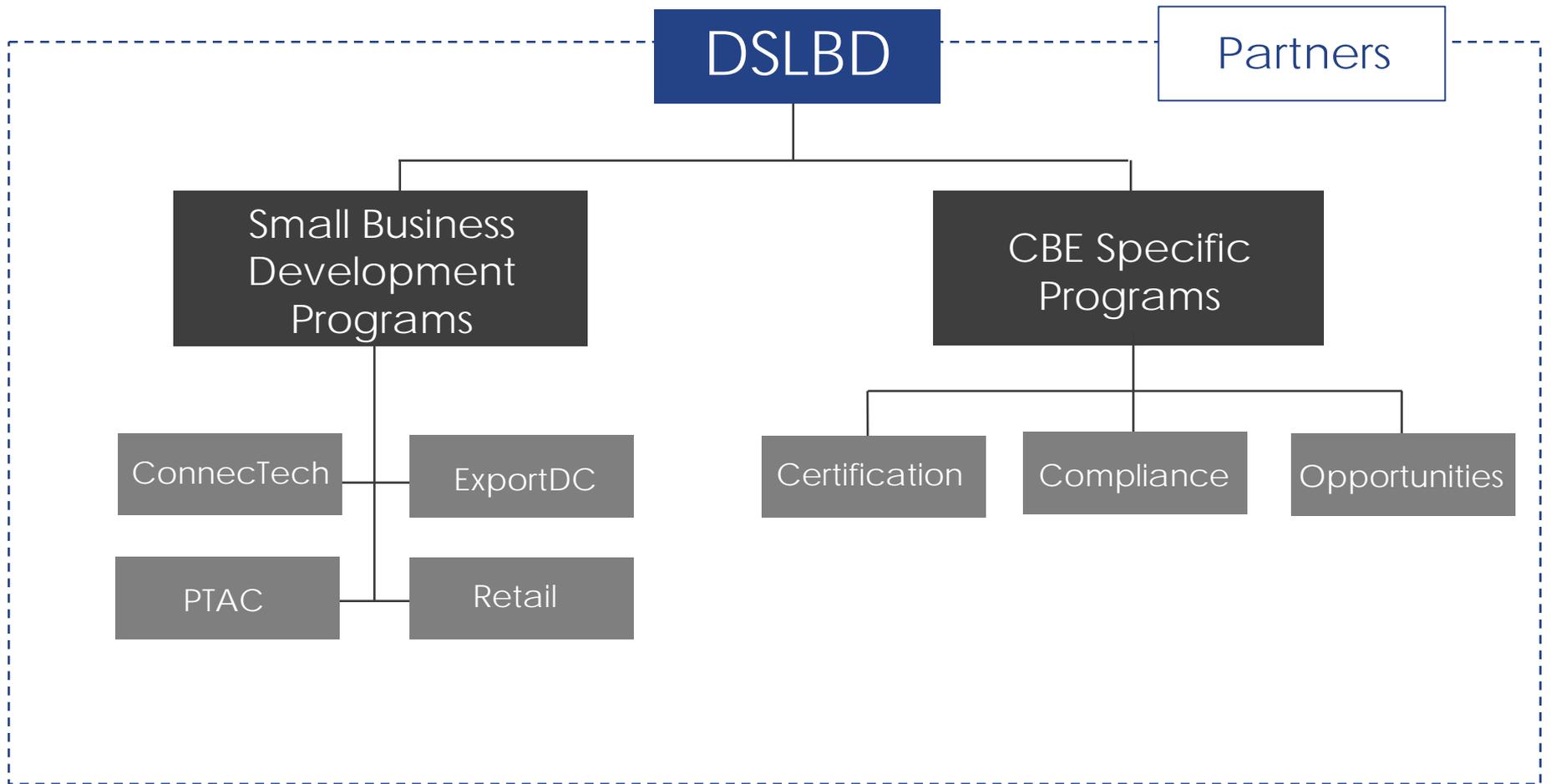
Agency Vision

DSLBD envisions a business environment which:

1. DC businesses are connected in real-time with local, federal and global business opportunities;
2. Small businesses can navigate government quickly, confidently, and effectively; and,
3. Every entrepreneur and small business with a great idea and a great plan has the capital to make it happen.



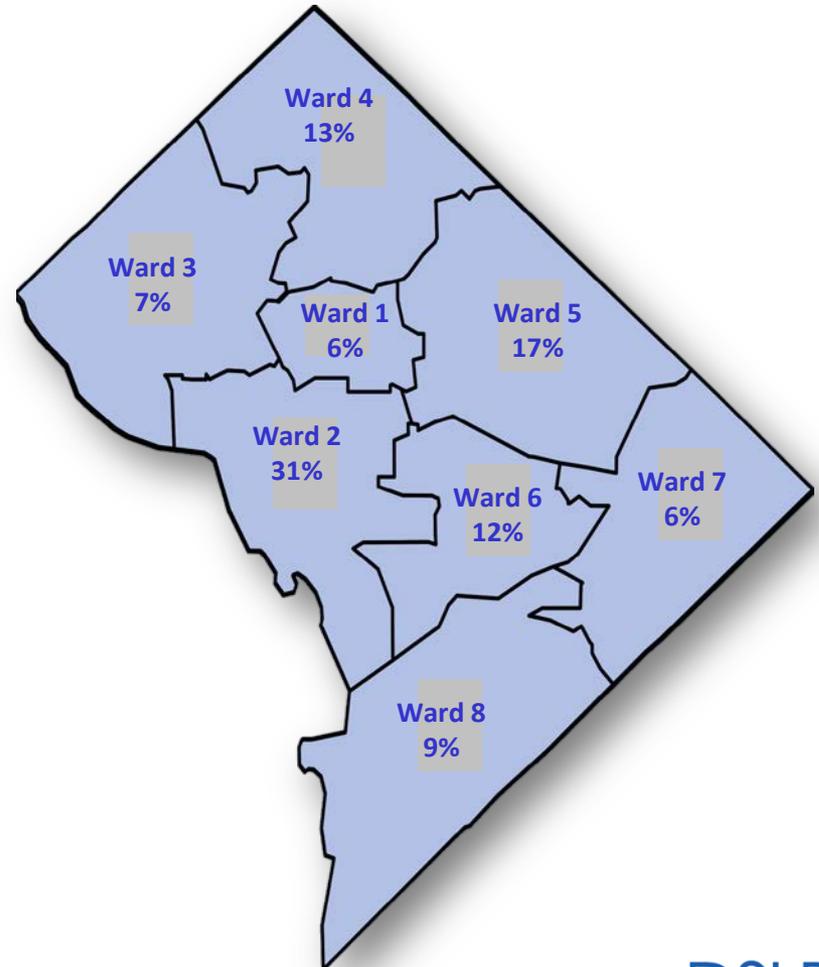
Agency STRUCTURE



CBE Program at a Glance

PERCENT OF CERTIFIED BUSINESS ENTERPRISES BY WARD*

- The Business Certification Division evaluates businesses **headquartered** in the District to determine their eligibility to become a Certified Business Enterprise (CBE).
- The DC Government directs spending to CBEs, and they in turn support and contribute to job creation and the strengthening of the local economy.
- The CBE Program provides contracting preference for local businesses so they can better compete for DC Government contracts and procurement opportunities.



CBE Certification Categories

Businesses may be certified in any of the following categories; however, only a **maximum of 12 points** that can be applied toward any contract award. In evaluating requests for bids (RFB), contracting personnel apply a **percentage reduction in price** according to CBE designation. In evaluating requests for proposals (RFP), contracting personnel apply **points to proposal evaluations** according to CBE designation. DSLBD also certifies joint ventures, which are project specific, and vendors in the CBE Certification Program.

<u>Certification Categories</u>	<u>Authority</u>	<u>Preference</u>
Local Business Enterprise (LBE)	§2-218.31 27 DCMR 802	2 or 2%
Small Business Enterprise (SBE)	§2-218.32	3 or 3%
Disadvantaged Business Enterprise (DBE)	§2-218.33 27 DCMR 803	2 or 2%
Resident Owned Business (ROB)	§2-218.35 27 DCMR 804	5 or 5%
Development Zone Enterprise (DZE)	§2-218.37	2 or 2%
Longtime Resident Business (LRB)	§2-218.36 27 DCMR 805	5 or 10%
Veteran Owned Business (VOB)	§2-218.38	2 or 2%
Local Manufacturing Business Enterprise (LME)	§2-218.39	2 or 2%
Joint Venture Certifications (JV)	§2-218.39a 27 DCMR 811	Varies

CBE Program: Local Business Enterprise (LBE) Definition

- Principal office physically located in the District
- Chief executive officer and highest level managerial employees *of the business enterprise perform their managerial functions in their principal office located in the District.*
- Meets **one of the three** following standards:
 - More than 50% of the employees are residents of the District;
 - The owners of more than 50% of the business enterprise are residents of the District; or
 - More than 50% of the assets, excluding bank accounts, are located in the District; **and** More than 50% of the business enterprise's gross receipts are District gross receipts.
- Is properly licensed under DC law
- Is subject to tax under DC law (Chapter 18 of Title 47)

Note: Virginia Small, Women-owned, and Minority-owned Business (SWaM) certified businesses are not eligible for CBE certification. Site visits are conducted within the Washington Metropolitan area to verify that the firm meets the local business enterprise definition.

- Primary office based upon the **totality** of the business activities in which routine and essential business functions occur, such as:
 - Bookkeeping and recordkeeping
 - Payroll maintenance
 - Receipt of business telephone calls
 - Receipt of correspondence
 - Storage of books and records
 - Directing, controlling, and coordinating activities and policies by officers, principals, and managers
- In order to be considered a principal office, the applicant must:
 - Own or lease office for a **minimum of 12 months (no month to month leases are accepted)**.
 - If the applicant owns or leases other locations, the applicant shall have **no more employees** reporting to or working from any single location outside of the District than the employees working from principal office.
 - In addition, all signage and/or printed material for the business must display the principal office location.

CBE Program: **Small Business Enterprise (SBE) Definition**

- **Is a local business enterprise**
- Is independently owned, operated, and controlled
- Is Certified by the U.S. Small Business Administration as a small business concern or meets the definition of a small business concern under the Small Business Act (<http://www.sba.gov/content/am-i-small-business-concern>)
- Has average annualized gross receipts for prior 3 years not exceeding the following limits:
 - Construction, Heavy (Street and Highways, Bridges, etc.) \$23M
 - Construction, Building (General Construction, etc.) \$21M
 - Construction, Specialty Trades \$13M
 - Goods & Equipment \$20M
 - General Services \$19M
 - Professional Services, Personal Services (Hotel, Beauty, Laundry, etc.) \$5M
 - Professional Services, Business Services \$10M
 - Professional Services, Health & Legal Services \$10M
 - Professional Services, Health Facilities Management \$19M
 - Manufacturing Services \$10M
 - Transportation & Hauling Services \$13M
 - Financial Institutions \$300M

CBE Program: Disadvantaged Business Enterprise (DBE) Definition

- Is a local business enterprise and
- Is more than 50% owned, operated, and controlled by socially and economically disadvantaged individuals
 - An individual is socially disadvantaged if the individual has reason to believe that the individual has been subjected to prejudice or bias because of his or her identity as a member of a group without regards to his or her qualities as an individual.
 - An individual whose ability to compete in the free market system is impaired because of diminished opportunities to obtain capital and credit as compared to others in the same line of business where such impairment is related to the individual's status as economically disadvantaged.

Note: The personal net worth of the applicant seeking DBE certification must be less than \$1,000,000, excluding the value of his/her primary residence and value of his/her ownership interest in the CBE.

CBE Program: ROB DZE and LRB Definitions

Resident Owned Business (ROB) Enterprise Definition

- **Is a local business enterprise** and
- Owned by individual who is, or majority of individuals who are, subject to personal income tax *solely* in the District.

Local Business with Principle Office Located in an Enterprise Zone (DZE) Definition

- **Is a local business enterprise**
- Principal offices are located in designated enterprise zones in the District
 - Enterprise Zones are areas of the city that are targeted by law for increased economic development activity

Longtime Resident Business (LRB) Enterprise Definition

- **Is a local business enterprise**
- Has been continuously eligible for certification as a local business enterprise for 20 consecutive years
- Or is a small business enterprise that has been continuously eligible for certification as a local business enterprise for 15 consecutive years.

CBE Program: VOB and LME Definitions

Veteran-Owned Business (VOB) Definition

- **Is a local business enterprise;**
- Is not less than 51% owned and operated by one or more veterans (as defined in 38 U.S.C.S. 101 (2)); Veteran means a person who served in the active military, naval, or air service, and who was discharged or released therefore under conditions other than dishonorable;
- In the case of any publicly owned business, not less than 51% of the stock which is owned by one or more veterans; and
- One or more veterans control the management and daily operations

Local Manufacturing Business (LMB) Definition

- **Is a local business enterprise;**
- Makes a product through a process involving raw materials, components, or assemblies, usually on a large scale with different operations divided among different workers;
- Manufactures only in the District of Columbia.

CBE Program: Checklists of Required Documents

Sole Proprietor:

- Basic Business License issued by the Department of Consumer and Regulatory Affairs or professional/occupational license(s)
- Certificate of occupancy or home occupation permit
- Certificate of Clean Hands (formerly Good Standing) or Notice of Tax Registration issued by Office of Tax and Revenue (no older than 6 months)
- Company capability statement, including a brief description of products or services
- Personal or Business District or state and federal tax returns, last three years, and all schedules (signed)
- Federal Employer ID Number (FEIN) confirmation notice from the Internal Revenue Service (IRS)
- Dun & Bradstreet number (DUNS)
- Current financial statement – Balance Sheet, Profit and Loss Statement, and Fixed Asset Inventory (no older than the 90-day period prior to the application date)
- Lease or deed for business site (signed)
- Most recent Form UC-30 (Employer's Quarterly Contribution and Wage Report- if applicable)
- List of Current Employees (including name and home address for each employee)
- Resumes of key personnel

CBE Program: Checklists of Required Documents

Partnership:

- Company capability statement, including a brief description of product or service
- Basic Business License issued by the Department of Consumer and Regulatory Affairs or professional/occupational license(s)
- Certificate of Clean Hands (formerly Good Standing) or Notice of Tax (no older than 6 months)
- Certificate of Good Standing issued by Department of Consumer and Regulatory Affairs (no older than 6 months)
- Certificate of occupancy or home occupation permit
- District or state and federal tax returns for each partner, or Business Partnership Tax Returns, last three years, and all schedules (signed)
- Federal Employer ID Number (FEIN) confirmation notice from the Internal Revenue Service (IRS)
- Dun & Bradstreet number (DUNS)
- Current financial statement – Balance Sheet, Profit and Loss Statement, and Fixed Asset Inventory (no older than the 90-day period prior to the application date)
- Lease or deed for business site (signed)
- Partnership agreement, buy-out rights and profit sharing agreement
- Most recent Form UC-30 (Employer's Quarterly Contribution and Wage Report- if applicable)
- List of Current Employees (including name and home address for each employee)
- Resume for each partner

CBE Program: Checklists of Required Documents

Corporation:

- Articles of incorporation
- Basic Business License issued by the Department of Consumer and Regulatory Affairs or professional/occupational license(s)
- By-laws of corporation and any amendment(s)
- Certificate of incorporation
- Certificate of occupancy or home occupation permit
- Company capability statement, including a brief description of products or services
- Business District or state and federal tax returns, last three years, and all schedules (signed)
- Current financial statement – Balance Sheet, Profit and Loss Statement, and Fixed Asset Inventory (no older than the 90-day period prior to the application date)
- Federal Employer ID Number (FEIN) confirmation notice from the Internal Revenue Service (IRS)
- Dun & Bradstreet number (DUNS)
- Lease or deed for business site (signed)
- Minutes of first and most recent organizational meeting
- Certificate of Clean Hands (formerly Good Standing) or Notice of Tax (no older than 6 months)
- Certificate of Good Standing issued by Department of Consumer and Regulatory Affairs (no older than 6 months)
- Most recent Form UC-30 (Employer's Quarterly Contribution and Wage Report- if applicable)
- List of Current Employees (including name and home address for each employee)
- Resumes of key personnel

CBE Program: Checklists of Required Documents

Limited Liability Company (LLC):

- Articles of organization
- Operating agreement
- Basic Business License issued by the Department of Consumer and Regulatory Affairs or professional/occupational license(s)
- Certificate of organization
- Certificate of occupancy or home occupation permit
- Company capability statement, including a brief description of products or services
- Business District or state and federal tax returns, last three years, and all schedules (signed)
- Current financial statement – Balance Sheet, Profit and Loss Statement, and Fixed Asset Inventory (no older than the 90-day period prior to the application date)
- Federal Employer ID Number (FEIN) confirmation notice from the Internal Revenue Service (IRS)
- Dun & Bradstreet number (DUNS)
- Lease or deed for business site (signed)
- Certificate of Clean Hands (formerly Good Standing) or Notice of Tax Registration issued by Office of Tax and Revenue (no older than 6 months)
- Certificate of Good Standing issued by Department of Consumer and Regulatory Affairs (no older than 6 months)
- Most recent Form UC-30 (Employer's Quarterly Contribution and Wage Report- if applicable)
- List of Current Employees (including name and home address for each employee)
- Resumes of key personnel

CBE Program: Checklists of Required Documents

Disadvantaged Business Enterprise (DBE):

- DBE Form (Notarized)
- DBE Narrative Letter (on business letterhead, signed and dated)
- Submit personal District or state and federal tax returns for the last year (signed)
- Personal Financial Statement

Resident Owned Business (ROB):

- Residential lease (minimum 12 months) or deed
- Submit personal income tax returns for solely the District for the last year (signed)—**required for eligibility**
- Proof of residency of principal owner(s) (e.g. copy of driver's license or DMV picture ID **AND** copy of current residential utility bill or voter registration card)

Local Business with a Principal Offices Located within an Enterprise Zone (DZE):

- Verification from the Enterprise Zone Finder Map (please verify at <http://lsdbe.dslbd.dc.gov/public/ez/>)

Longtime Resident Business (LRB):

- Submit proof that **business** has filed twenty (20) or fifteen (15) years (for SBE) of District tax returns as proof of continuous eligibility. The submission of certification approval letters issued by DSLBD can also be used as proof of continuous eligibility.

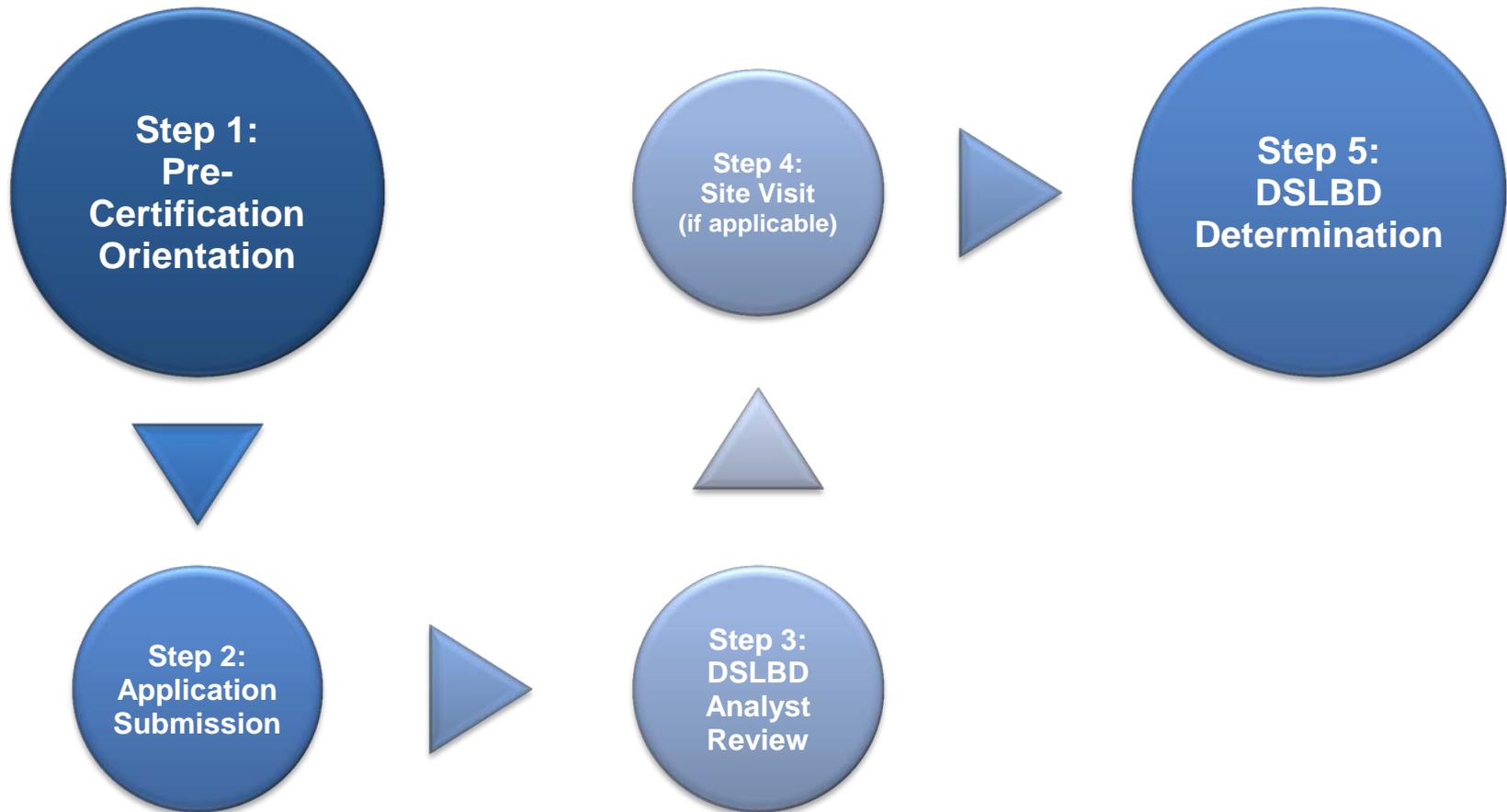
Veteran Owned Business (VOB):

- Submit proof of DD Form 214 Certificate of Release or Discharge from Active Duty

All Businesses Less Than One Year Old:

- Business Plan
- Proof of capital injection (e.g. current bank statement)

CBE Program: Business Certification Process





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 - Returning Applicants
 - CBE Certification FAQs
 - Joint Venture Certification
 - CBE Orientation Slideshow
 - Contracting Opportunities for CBE and Non CBEs
 - Find Certified Companies
 - CBE Program History
 - Enterprise Zone Finder



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- Contracting Opportunities for CBE and Non CBEs
- Find Certified Companies
- CBE Program History
- Enterprise Zone Finder

Connecting small & local businesses

By becoming a Certified Business Enterprise (CBE), you can position your business to better compete in DC government contracting opportunities.

CBE certification criteria.

In order to be eligible for CBE certification, in addition to other requirements, your business must meet the following criteria:

- The principal office of the business enterprise **must be located in the District of Columbia**
- The chief executive officer and the highest level managerial employees of the business enterprise must perform their managerial functions in their principal office located in the District
- The business must demonstrate it meets **one** of the following:
 - 1) More than 50% of the employees of the business enterprise are residents of the District



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CBE Business Online Online Business Processing

[CBE Online Users Manual \(PDF\)*](#)

The Department of Small and Local Business Development's (DSLBD's) Certified Business Enterprise (CBE) Program provides contracting preference for local businesses applying for contract and procurement opportunities with DC Government. In order to be considered for certification as a CBE, please note that DC Law 16-33 Section 2331 states that your **principal office must be physically located within the District of Columbia and your highest level managerial staff must be operating from this location.** In addition, one of the following must be true: greater than 50% of the assets or revenues of the business are derived from within the District, or greater than 50% of employees or owners are residents of the District.

To begin the application process, all applicants must attend a **mandatory CBE Pre-Certification Orientation.** Applicants can sign up for this orientation using the following link: <http://bizdc.ecenterdirect.com/Conferences.action?CenterID=71>.

After attending the required orientation, you can begin the online application process by selecting the **Register** button below to create a username and password.

 [Register](#)

If you are a returning applicant enter your username and password below and select **Submit**.

Username:

Password:

[Submit](#)

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* This document is presented in Portable Document Format (PDF) and a PDF reader is required for viewing.
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CBE Business Online Registration

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Complete the information below and select **Submit** to create your username and password. Your information is protected by our secure site and will only be used for application purposes. Only one registration is allowed per company. You should **frequently monitor the email address you provide** for important correspondences from the Department of Small and Local Business Development.

<p>Company Information</p> <p>Company Name:* <input type="text"/></p> <p>FEIN/SSN Number:* <input type="text"/></p> <p>Business Phone:* <input type="text"/>-<input type="text"/>-<input type="text"/> <i>For internal DSLBD use only</i></p> <p>Website: <input type="text"/></p> <p>Public Contact Information</p> <p><i>Note: Information below will be displayed on the public website. Please keep the email you register with on file, it will be needed for all future communication and to reset your password.</i></p> <p>First Name:* <input type="text"/></p> <p>Last Name:* <input type="text"/></p> <p>Phone: <input type="text"/>-<input type="text"/>-<input type="text"/> Ext.: <input type="text"/></p> <p>Email:* <input type="text"/></p> <p>Username:* <input type="text"/></p> <p>Password:* <input type="password"/> <small>(Enter 5 to 25 characters, case-sensitive)</small></p> <p>Confirm Password:* <input type="password"/></p>	<p>Business Location Address</p> <p>Address 1:* <input type="text"/></p> <p>Address 2: <input type="text"/></p> <p>City:* <input type="text"/></p> <p>State:* <input type="text" value="District of Columbia"/></p> <p>Zip Code:* <input type="text"/>-<input type="text"/></p> <p>Mailing Address <input type="checkbox"/> <i>Check, if same as Business Location Address</i></p> <p>Address 1:* <input type="text"/></p> <p>Address 2: <input type="text"/></p> <p>City:* <input type="text"/></p> <p>State:* <input type="text" value="District of Columbia"/></p> <p>Zip Code:* <input type="text"/>-<input type="text"/></p>
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*Indicates required fields

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Company Menu

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You will see a variety of menu options based on the business classification of your company. Select a button below to start your process.

-  Start an application for a new business certification.
- Update your company and contact information.
- Change your password.
- Log out of application.

Create New CBE Application

CBE Program Terms and Conditions



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This Certification application is being submitted pursuant to the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, as amended, (D.C. Law 16-33; D.C. Official Code § 2-218.01 et seq), and applicable regulations;

1. Is the business headquartered in the District of Columbia?
 Yes No
2. Does the CEO and the highest level managerial employees maintain offices and perform their managerial functions in the District?
 Yes No
3. Is the business certified with Virginia's Small, Women-owned, and Minority-owned Business (SWaM) certification program?
 Yes No
4. Is the business enterprise in Good Standing with the Office of Tax and Revenue?
 Yes No
5. Is the business enterprise in Good Standing with the Department of Consumer and Regulatory Affairs?
 Yes No
6. Has the business enterprise or any of its directors, officers, or principals violated the Small, Local, Disadvantaged Business Enterprise Development and Assistance Act of 2005. (DC Law 16-33, 52 DCR 7503) or other DC Laws that are applicable to the applicant's business?
 Yes No
7. Has the business enterprise, or any of its directors, officers, or principals, been convicted of a crime that bears directly on the fitness of the applicant holder, or participant to ethically participate in the programs established pursuant to the Act?
 Yes No
8. Did you attend the mandatory Certified Business Enterprise (CBE) Pre-Certification Orientation?
 Yes No

On behalf of the business identified below, the undersigned understands and/or agrees to the following:

- A. The business will cooperate with the DSLBD during the Certification process and, if required by the DSLBD, will allow site inspections, access to records, and/or discussions with representatives of the business in order to assist the applicant in fulfilling the application requirements;
- B. Any change in information submitted with this application that could affect the eligibility if the business for Certification will be timely reported to the DSLBD; and
- C. The District of Columbia's Office of the Attorney General may bring civil action in the Superior Court of the District of Columbia against a business enterprise and the directors, officers, or principals thereof that is reasonably believed to have obtained Certification by fraud or deceit or to have willfully furnished substantially inaccurate or incomplete information to the DSLBD. A business enterprise or individual found guilty in such a proceeding shall be subject to a civil penalty of not more than \$100,000.

-  I Agree to the terms above
 I Disagree with the terms above

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Create New CBE Application

Application Checklist

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Business Structure* Corporation Limited Liability Company Partnership Sole Proprietorship

Indicate the CBE status for which you are applying*
(Choose all that apply. At least one must be selected)

Local Business Enterprise (LBE) Small Business Enterprise (SBE)
 Disadvantaged Business Enterprise (DBE) Development Enterprise Zone (DZE)
 Longtime Resident Business (LRB) Resident Owned Business (ROB)
 Veteran-Owned Business (VOB) Local-Manufacturing Business Enterprise (LME)

Yes No Does the business enterprise have any other affiliated entities (e.g. parent company, subsidiary, etc.)*

Business Established* Date Business Established* / /
mm dd yyyy

I Agree to submit the documents above
 I Disagree to submit the documents above

Select "Show Checklist" to move forward with the application.

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- Current financial statement – Balance Sheet, Profit and Loss Statement, and Fixed Asset Inventory (Must be current up to the ninety-day period prior to application submission)
- Business District or state and federal tax returns, last three years, and all schedules (signed)
- Copy of three years of Federal and State income taxes, and the most recent UC-30 of the affiliate(s).
- Articles of incorporation
- By-laws of corporation and any amendments
- Certificate of incorporation
- Basic Business License issued by the Department of Consumer and Regulatory Affairs or professional/occupational license(s)
- Notice of Tax Registration issued by Office of Tax and Revenue (for new businesses)
- Current Form UC-30 (Employer's Quarterly Contribution and Wage Report) (if applicable)
- Lease or deed for business site (signed)
- Company capability statement, including a brief description of products or services
- Copy of each stock certificate issued (front and back) and stock ledger
- List of Current Employees (including name and home address for each employee)
- Resumes of key personnel
- Federal Employer ID Number (FEIN) confirmation notice from the Internal Revenue Service (IRS)
- Submit proof of capabilities to perform selected NIGP code(s) (e.g. invoices, proof of payment for the service, references, certifications and licenses that support each requested code. If submitting resumes as proof, your firm's latest UC-30 Unemployment Wage and Compensation Report is also required).

 I Agree to submit the documents above
 I Disagree to submit the documents above

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the end of the application without entering all of the required information; however, you will not be able to **Submit Final Application** until all the required fields are filled out.

Select "Upload Checklist Items" to view or begin to upload required documents.

Step: **1** 2 3 4 5 6 7 8 9 10 11 12

[Upload Checklist Items](#)

[Reset](#)

[Save & Continue >>](#)

Fields marked with an asterisk (*) are required.

Indicate the CBE status for which you are applying* <small>(Choose all that apply. At least one must be selected)</small>	<input checked="" type="checkbox"/> Local Business Enterprise (LBE)	<input type="checkbox"/> Small Business Enterprise (SBE)
	<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)	<input type="checkbox"/> Development Enterprise Zone (DZE)
	<input type="checkbox"/> Longtime Resident Business (LRB)	<input type="checkbox"/> Resident Owned Business (ROB)
	<input type="checkbox"/> Veteran-Owned Business (VOB)	<input checked="" type="checkbox"/> Local-Manufacturing Business Enterprise (LME)

<input checked="" type="radio"/> Yes <input type="radio"/> No	Does the business enterprise have any other affiliated entities (e.g. parent company, subsidiary, etc.)?
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Business Structure*	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Liability Company <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship
---------------------	--

Business Identifier*	Federal Employer ID (FEIN) <input type="text" value="234675890"/> Business Name:* <input type="text" value="CBE Orientation"/>
----------------------	--

Business Location Address*	Street Address 1:* <input type="text" value="441 4TH STREET NW"/> Street Address 2: <input type="text" value="Suite 850N"/>
	City:* <input type="text" value="WASHINGTON"/> State:* <input type="text" value="District of Columbia"/> Zip Code:* <input type="text" value="20001"/> - <input type="text"/>

Business Contact Information	Business Phone:* <input type="text" value="202 - 727 - 3900"/> Business Fax: <input type="text"/>
	Business Email Address: <input type="text"/> Business Website Address: <input type="text"/>

Principal Contact*	First Name:* <input type="text"/>	Last Name:* <input type="text"/>
	Title:* <input type="text"/>	
	Phone:* <input type="text"/> - <input type="text"/> - <input type="text"/>	Email Address:* <input type="text"/>

Secondary Contact	First Name: <input type="text"/>	Last Name: <input type="text"/>
	Title: <input type="text"/>	
	Phone: <input type="text"/> - <input type="text"/> - <input type="text"/>	Email Address: <input type="text"/>

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Application Details Screen - Lemons For Life - Certification, Data Entry

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Enter the application data by completing the steps below. To move between screens, use the **Previous** and **Save & Continue** buttons. Note: You may proceed until the end of the application without entering all of the required information; however, you will not be able to **Submit Final Application** until all the required fields are filled out.

Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Review checklist items

➔

Fields marked with an asterisk (*) are required.

Business Established*	Date Business Established:* <input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="1974"/> <small>mm dd yyyy</small>										
Primary Business Activity* <small>(if diversified, percent of each adding up to a total of 100%)</small>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="text"/> % Consultant/Professional Service Provider</td> <td style="width: 50%; border: none;"><input type="text"/> % Construction/Contracting</td> </tr> <tr> <td style="border: none;"><input type="text"/> % Manufacturer</td> <td style="border: none;"><input type="text"/> % Distributor</td> </tr> <tr> <td style="border: none;"><input type="text"/> % Wholesaler</td> <td style="border: none;"><input type="text"/> % Retail Service Provider</td> </tr> <tr> <td style="border: none;"><input type="text"/> % Service Provider</td> <td style="border: none;"><input type="text"/> % Financial Institution</td> </tr> <tr> <td style="border: none;"><input type="text"/> % Real Estate Developer/Construction Manager</td> <td style="border: none;"><input type="text"/> % Other (Please describe) <input style="width: 100px;" type="text"/></td> </tr> </table>	<input type="text"/> % Consultant/Professional Service Provider	<input type="text"/> % Construction/Contracting	<input type="text"/> % Manufacturer	<input type="text"/> % Distributor	<input type="text"/> % Wholesaler	<input type="text"/> % Retail Service Provider	<input type="text"/> % Service Provider	<input type="text"/> % Financial Institution	<input type="text"/> % Real Estate Developer/Construction Manager	<input type="text"/> % Other (Please describe) <input style="width: 100px;" type="text"/>
<input type="text"/> % Consultant/Professional Service Provider	<input type="text"/> % Construction/Contracting										
<input type="text"/> % Manufacturer	<input type="text"/> % Distributor										
<input type="text"/> % Wholesaler	<input type="text"/> % Retail Service Provider										
<input type="text"/> % Service Provider	<input type="text"/> % Financial Institution										
<input type="text"/> % Real Estate Developer/Construction Manager	<input type="text"/> % Other (Please describe) <input style="width: 100px;" type="text"/>										
Other Business Identifiers	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Dun & Bradstreet No.* <small>Contact (800) 333-0505 for assistance</small></td> <td style="width: 50%; border: none;">Local Unemployment Compensation No: <small>Contact (202) 698-7550 for assistance</small></td> </tr> <tr> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table>	Dun & Bradstreet No.* <small>Contact (800) 333-0505 for assistance</small>	Local Unemployment Compensation No: <small>Contact (202) 698-7550 for assistance</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
Dun & Bradstreet No.* <small>Contact (800) 333-0505 for assistance</small>	Local Unemployment Compensation No: <small>Contact (202) 698-7550 for assistance</small>										
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>										

Review checklist items

Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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Fields marked with an asterisk (*) are required.

What is the value of the total fixed (excluding cash or liquid) assets of the business enterprise, and the value and percentage of fixed assets located in the District of Columbia? (Amounts should coincide with Fixed Asset Inventory submitted).

Total Assets: Total Fixed Assets: Fixed Assets in DC: Percentage of Fixed Assets in DC:

Enter gross revenues for the last three years (if applicable)

Table with columns: Year, Revenue, Average: \$0.00

Sources of Business Revenue (if applicable)

Source of Revenue Revenue % of Total Revenues Last Fiscal Year: DC Government Contracts Prime, DC Government Contracts Sub, Federal Government Contracts Prime, Federal Government Contracts Sub, Private Sector, Other State or Local Contracts

Enter the last three contracts awarded and performed (if applicable)

Table with columns: Name of Contract, Prime/Sub Contractor, Services Provided, Amount, Date Completed

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Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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Fields marked with an asterisk (*) are required.

Describe the business' primary line, trade, or service:* (2000 characters maximum)

Briefly describe any specialties:* (250 characters maximum)

Select applicable National Institute of Government Purchasing (NIGP) Commodity Codes for this business:*

No selected NIGP codes

Edit NIGP Code(s)

Select applicable Trade Divisions for this business:

No selected Trade Divisions

Edit Trade Division(s)

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NIGP Commodity Codes*

To select a NIGP code for your company, enter a keyword (or partial keyword) in the "NIGP Description Word Search" field or enter a numeric commodity code (or code prefix) in the "NIGP Commodity Code Search" field. Select the Help icon above for advanced search information.

NIGP Description Word Search

NIGP Code Search

Search

Format: 999-99-99

To perform an exact search, type word(s) within quotes (e.g. "Resin Bond"). To perform a multi-word search, please input a space between each word.

Available NIGP Codes (check all that apply)

<input type="checkbox"/> NIGP Code	Description
<input type="checkbox"/> 445-12-77	SCRAPERS, WALL/PAINTER
<input type="checkbox"/> 635-14-00	Drop Cloths, Hoods and Mitts, Painter's
<input type="checkbox"/> 635-14-18	DROP CLOTHS, PAINTERS
<input type="checkbox"/> 635-14-37	HOODS, SPRAY, DISPOSABLE, FOR PAINTERS
<input type="checkbox"/> 635-14-42	MITTS, PAINTERS, HAND, W/PROTECTIVE LINER
<input type="checkbox"/> 635-47-78	TOOLS, CORNER, PAINTER'S

Add >

< Remove

Apply changes

Cancel

Selected NIGP Codes

<input type="checkbox"/>	NIGP Code	Description
--------------------------	-----------	-------------

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NIGP Description Word Search

NIGP Code Search

Format: 999-99-99

To perform an exact search, type word(s) within quotes (i.e. "Resin Bond"). To perform a multi-word search, please input a space between each word.

Available NIGP Codes (check all that apply)

<input type="checkbox"/>	NIGP Code	Description
<input type="checkbox"/>	910-06-00	Carpentry Maintenance and Repair Services
<input type="checkbox"/>	914-27-00	Carpentry

Selected NIGP Codes

<input type="checkbox"/>	NIGP Code	Description
--------------------------	-----------	-------------

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NIGP Description Word Search
NIGP Code Search
Format: 999-99-99

To perform an exact search, type word(s) within quotes (i.e. "Resin Bond"). To perform a multi-word search, please input a space between each word.

Available NIGP Codes (check all that apply)

<input type="checkbox"/>	NIGP Code	Description
<input type="checkbox"/>	910-06-00	Carpentry Maintenance and Repair Services
<input checked="" type="checkbox"/>	914-27-00	Carpentry

Selected NIGP Codes

<input type="checkbox"/>	NIGP Code	Description
<input type="checkbox"/>	914-27-00	Carpentry

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Step: **1** 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Review checklist items

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 Save & Continue >>

Fields marked with an asterisk (*) are required.

Describe the business' primary line, trade, or service:*
 (2000 characters maximum)

Briefly describe any specialties:*
 (250 characters maximum)

914-27-00 Carpentry

Select applicable National Institute of Government Purchasing (NIGP) Commodity Codes for this business:*

Edit NIGP Code(s)

Select applicable Trade Divisions for this business:

No selected Trade Divisions

Edit Trade Division(s)

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Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Review checklist items << Previous Reset Save & Continue >>

Fields marked with an asterisk (*) are required.

Enter business and office equipment, vehicles and storage locations

Equipment / Vehicle Name:*
(Owned or Leased)

Storage Location of Equipment / Vehicle:*

Add

Equipment & Vehicles (Owned and/or Leased)	Storage Location of Equipment and Vehicles	Update	Delete
Ford Escape	1808 9th Street, NW		

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Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Review checklist items << Previous Reset Save & Continue >>

Fields marked with an asterisk (*) are required.

Enter all operating facilities or other office locations including storage/warehouse facilities

Facility:*

Street Address 1:* Street Address 2:

City:* State:* Zip Code:* -

 Add

Facilities	Address	Update	Delete
------------	---------	--------	--------

No results found.

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Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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Fields marked with an asterisk (*) are required.

List the total number of employees, and corresponding number of employees who are residents of the District of Columbia and on payroll with the enterprise for the three preceding years:*

	Year 1	Year 2	Year 3
Year:			
Number of Full-Time Employees:			
Number of Part-Time Employees:			
Number of D.C. Resident Full-Time Employees:			
Number of D.C. Resident Part-Time Employees:			
Total Number of Employees:	0	0	0
Total Number of D.C. Resident Employees:	0	0	0

Identify all original and current owners/stockholders of the business* (At least one owner must be added)

First Name:* Last Name:* US citizen LPR

Home Address 1:* Home Address 2:

City:* State:* Zip Code:* - Ward:

Home Phone: - - Number of Shares: Percentage of Ownership:* %

Initial Capital Injection: \$ Class of Stock Issued:

Place of birth: Proof of Citizenship:*

Gender: Race: LGBT:

Disabled: Veteran:

Principal Owner	Owner Name	Home Address	Home Phone	# Shares	% Owner	Update	Delete
-----------------	------------	--------------	------------	----------	---------	--------	--------

No results found.

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Step: **1** 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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Fields marked with an asterisk (*) are required.

List all members of the board of directors

Director First Name:* Director Last Name:*

Title:* Home Phone: -- Appointed: / /
mm dd yyyy

Home Address 1:* Home Address 2:

City:* State:* Zip Code:* -

Director Name	Home Address	Home Phone	Title	Date Appointed	Update	Delete
---------------	--------------	------------	-------	----------------	--------	--------

No results found.

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Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Review checklist items << Previous Reset Save & Continue >>

Fields marked with an asterisk (*) are required.

List all corporate officers and key personnel

First Name:* [] Last Name:* []

Operational Function:* [] Home Phone: []-[]-[] Appointed: []/[]/[]
mm dd yyyy

Home Address 1:* [] Home Address 2: []

City:* [] State:* District of Columbia Zip Code:* []-[]

Add

Corporate Officers/Key Personnel	Home Address	Home Phone	Operational Function	Date Appointed	Update	Delete
----------------------------------	--------------	------------	----------------------	----------------	--------	--------

No results found.

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Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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Fields marked with an asterisk (*) are required.

Bonding Information (if applicable)

Bonding Company Name: Bonding Limit \$:

Street Address 1: Street Address 2:

City: State: Zip Code: -

Business Phone: - - Business Fax: - -

Contact Person:

Bonding Specialties (if any)

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Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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Fields marked with an asterisk (*) are required.

Banking

Insurance Information:*

Insurance Company Name:*

Contact Person:*

Insurance Type:*

Property/Liability Limits \$:*

Street Address 1:*

Street Address 2:

City:*

State: District of Columbia

Zip Code:*

Business Phone:*

Business Fax:

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Fields marked with an asterisk (*) are required.

Business Banking Information:*

Primary Bank:* Contact Person:*

Street Address 1:* Street Address 2:

City:* State:* Zip Code:* -

Business Phone:* - - Business Fax: - -

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Fields marked with an asterisk (*) are required.

Taxes Paid

	Current Year-to-Date:	Last Fiscal Year:
Arena	\$ <input type="text"/>	\$ <input type="text"/>
Ballpark Sales	\$ <input type="text"/>	\$ <input type="text"/>
Corporate	\$ <input type="text"/>	\$ <input type="text"/>
Fuel	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Personal Property	\$ <input type="text"/>	\$ <input type="text"/>
Real Estate	\$ <input type="text"/>	\$ <input type="text"/>
Sales	\$ <input type="text"/>	\$ <input type="text"/>
Unemployment	\$ <input type="text"/>	\$ <input type="text"/>
Total Amount	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>

Enter total amount of taxes paid to DC government.*
(Specify type of taxes paid in the current and previous tax year - if applicable)

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Step: **1** 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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Fields marked with an asterisk (*) are required.

Classification of Work Categories for CBE Enterprise Program*
(Check all that apply. At least one must be selected)

- Construction Services | Specialty Trades (\$13M) | Structural Steel Erection
- Goods and Equipment (\$8M)
- General Service (\$19M)
- Professional Service | Business Service (\$10M)
- Professional Service | Personal Services (\$5M)
- Transportation/Hauling Services (\$13M)

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Mayor VINCENT C. GRAY

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CBE Business Online

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Application Details Screen - CBE Orientation - Certification, Data Entry

Enter the application data by completing the steps below. To move between screens, use the **Previous** and **Save & Continue** buttons. **Note:** You may proceed until the end of the application without entering all of the required information; however, you will not be able to **Submit Final Application** until all the required fields are filled out.

Step: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) [13](#) [14](#) **15** **16** [Upload Checklist Items](#) [<< Previous](#) [Reset](#) [Save & Continue >>](#)

Fields marked with an asterisk (*) are required.

Enter DC Department of Consumer and Regulatory Affairs Basic Business License(s) number(s) and/or professional/occupational license(s):

License Type:*	<input type="text"/>	License Number:*	<input type="text"/>
Authorizing Entity of Certification/Licensing:*	<input type="text"/>	License Expiration Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>mm dd yyyy</small>

[Add](#)

License Type	License Number	Expiration Date	Authorizing Entity	Update	Delete
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No results found.

Enter DC Department of Consumer and Regulatory Affairs Certificate of Occupancy or Home Occupation Permit Number.*

[Back To Application List](#) [Upload Checklist Items](#) [<< Previous](#) [Reset](#) [Save & Continue >>](#)

Enter the application data by completing the steps below. To move between screens, use the Previous and Save & Continue buttons. Hint: You may proceed until the end of the application without entering all of the required information; however, you will not be able to **Submit Final Application** until all the required fields are filled out.

Step: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  Upload Checklist Items << Previous Reset Save & Continue >>

Fields marked with an asterisk (*) are required.

1. Has the business enterprise previously worked and/or is it currently working on any contracts with the District of Columbia? Yes No
If yes, please explain:

2. Does the business enterprise have any other locations related to this business (i.e., storage/warehouse)? Yes No
If yes, please explain:

3. Does the business enterprise currently hold any other certifications (e.g. SBA, MDOT, MWAA, WMATA, NMSDC, WBENC, VDOT, etc.)? If yes, please provide the certification number and expiration date. Yes No

Certified By	Certification Number	Expiration Date
<input type="checkbox"/> SBA	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MWAA	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> NMSDC	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MD/DC/MSDC	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> WBENC	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> VDOT	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MDOT	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> DDOT/MMATA	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other: Please Specify	<input type="text"/>	

4. Do you consider your business enterprise a green business? Yes No
If the "Yes" radio button is selected then at least one check box is required.
 LEED Professional Accreditation Healthy Homes Specialist Credential

CBE Applications

Submission & Checklist

I declare, certify, verify, attest or state under penalty of perjury that this application and the supporting documents submitted are true and correct to the best of my knowledge and belief. Pursuant to D.C. Official Code § 22-2402, any person convicted of perjury shall be fined not more than \$ 5,000 or imprisoned for not more than 10 years, or both.

I accept I decline

I further declare, certify, verify, attest or state under penalty of perjury that I, (name), (title) of (business name), as majority or 50% owner of the business enterprise, have the authority to represent the business enterprise and to submit this application and supporting documents on behalf of the business enterprise.

I accept I decline

I understand that if such information and claims contained in this application and supporting documents are false, I and each director, officer and principal of the business enterprise may be subject to a civil penalty of not more than \$100,000 pursuant to D.C. Official Code § 2-218.63(c). D.C. Official Code § 2-218.63(c) provides that the Attorney General for the District of Columbia may bring civil action in the Superior Court of the District of Columbia against a business enterprise and the directors, officers, or principals of a business enterprise that is reasonably believed to have obtained certification by fraud or deceit or to have willfully furnished substantially inaccurate or incomplete ownership information to the Department.

I accept I decline

I understand that any fraud or misrepresentation on an application shall be grounds for automatic rejection or denial of the application. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application.

I accept I decline

By selecting the "I Accept" button and typing your name in the Signature Box, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document. By selecting "I Accept" you consent to be legally bound by the statute and regulations governing the Certified Business Enterprise (CBE) program

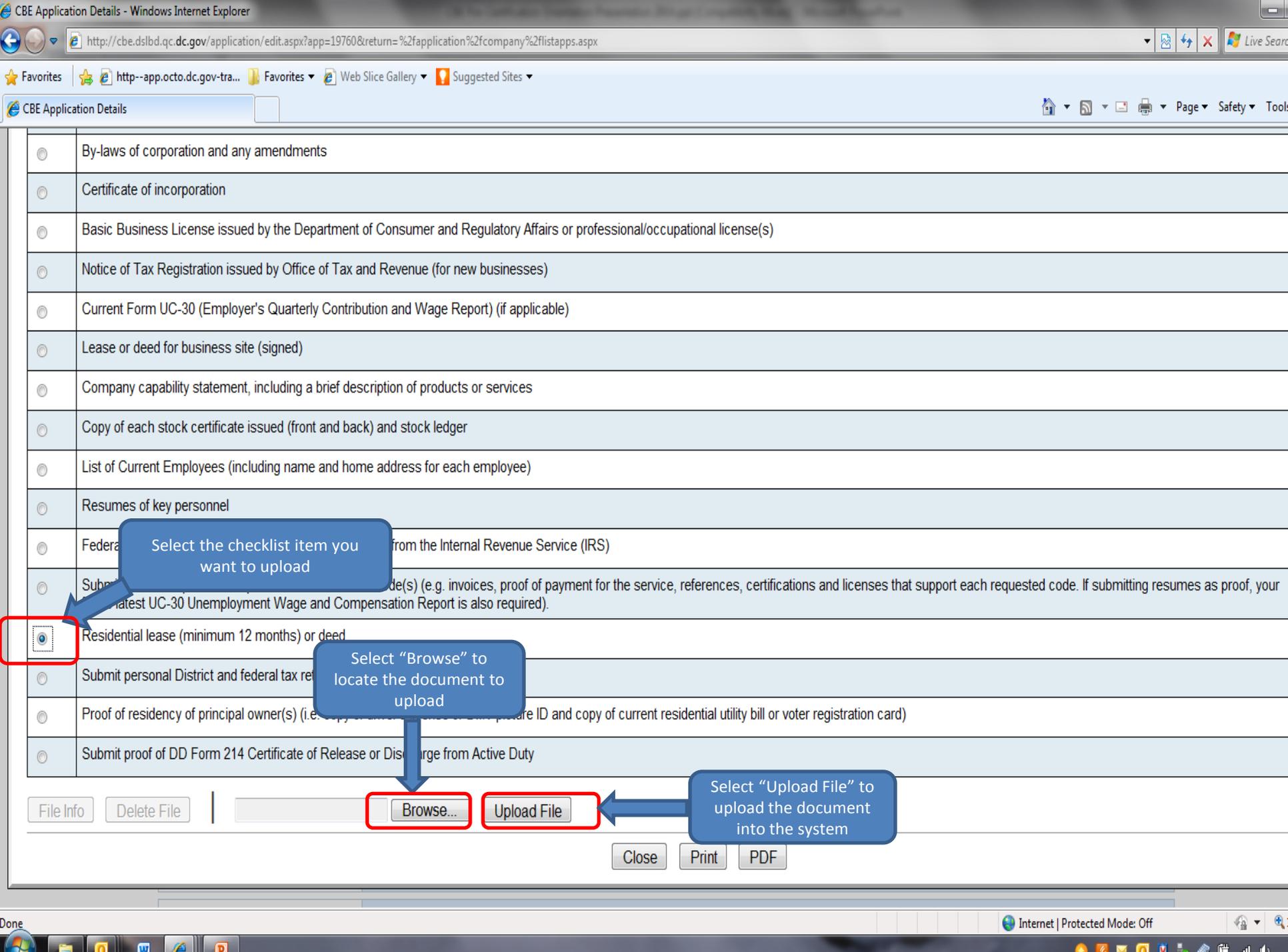
Once you select the **Submit Final Application** button below, you will not be able to change any information that you entered. If you discover an error, contact a Certification Specialist at (202) 727-3900. You may return any time to print the contents of your application or to check on its status.

[View/Upload Checklist Items](#)

* This document is presented in Portable Document Format (PDF) and a PDF reader is required for viewing.
[Download a PDF reader](#) or [learn more](#) about PDFs.

<< Go Back

Submit Final Application



Select the checklist item you want to upload

Select "Browse" to locate the document to upload

Select "Upload File" to upload the document into the system

File Info Delete File

Browse...

Upload File

Close

Print

PDF

- Copy of three years of Federal and State income taxes, and the most recent UC-30 of the affiliate(s).
- Articles of incorporation
- By-laws of corporation and any amendments
- Certificate of incorporation
- Basic Business License issued by the Department of Consumer and Regulatory Affairs or professional/occupational license(s)
- Notice of Tax Registration issued by Office of Tax and Revenue (for new businesses)
- Current Form UC-30 (Employer's Quarterly Contribution and Wage Report) (if applicable)
- Lease or deed for business site (signed)
- Company capability statement, including a brief description of products or services
- Copy of each stock certificate issued (front and back) and stock ledger
- List of Current Employees (including name and home address for each employee)
- Resumes of key personnel
- Federal Employer ID Number (FEIN) confirmation notice from the Internal Revenue Service (IRS)
- Submit proof of capabilities to perform selected NIGP code(s) (e.g. invoices, proof of payment for the service, references, certifications and licenses that support each requested code. If submitting resumes as proof, your firm's latest UC-30 Unemployment Wage and Compensation Report is also required).
- Residential lease (minimum 12 months) or deed**
- Submit personal District and federal tax returns for the last year (signed)
- Proof of residency of principal owner(s) (i.e. copy of driver's license or DMV picture ID and copy of current residential utility bill or voter registration card)

File Info **Delete File**  Browse... Upload File

Close Print PDF



The list of documents supporting the application has changed, based on the application data entered, since the time when it was reviewed and agreed upon before entering the application. Do you agree to submit the following documents in addition to the application submission?

- Current financial statement – Balance Sheet, Profit and Loss Statement, and Fixed Asset Inventory (Must be current up to the ninety-day period prior to application submission)
- Business District or state and federal tax returns, last three years, and all schedules (signed)
- Copy of three years of Federal and State income taxes, and the most recent UC-30 of the affiliate(s).
- Articles of incorporation
- By-laws of corporation and any amendments
- Certificate of incorporation
- Basic Business License issued by the Department of Consumer and Regulatory Affairs or professional/occupational license(s)
- Notice of Tax Registration issued by Office of Tax and Revenue (for new businesses)
- Current Form UC-30 (Employer's Quarterly Contribution and Wage Report) (if applicable)
- Lease or deed for business site (signed)
- Company capability statement, including a brief description of products or services
- Copy of each stock certificate issued (front and back) and stock ledger
- List of Current Employees (including name and home address for each employee)
- Resumes of key personnel
- Federal Employer ID Number (FEIN) confirmation notice from the Internal Revenue Service (IRS)
- Submit proof of capabilities to perform selected NIGP code(s) (e.g. invoices, proof of payment for the service, references, certifications and licenses that support each requested code. If submitting resumes as proof, your firm's latest UC-30 Unemployment Wage and Compensation Report is also required).
- Residential lease (minimum 12 months) or deed
- Submit personal District and federal tax returns for the last year (signed)
- Proof of residency of principal owner(s) (i.e. copy of driver's license or DMV picture ID and copy of current residential utility bill or voter registration card)



I accept I decline

I understand that any fraud or misrepresentation on an application shall be grounds for automatic rejection or denial of the application. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application.

I accept I decline

Certification Orientation

THE DISTRICT OF COLUMBIA
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CBE Business Online

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CBE Applications

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Select the Start New Application button to certify or recertify your business, or to upgrade an existing certification. To view the status and details of any of the applications shown in the chart below, select **Details** in the View/Edit column.

Date Submitted	App Type	Status	Status Date	View/Edit	CBE#	Days Under Review
10/17/2013	Certification	<i>Application Submitted</i>	10/17/2013	Details...	Number not assigned	

You cannot start a new application because you currently have a pending one.
You cannot view your CBE information because your application has not been approved yet.

- District News
- Information Centers
- Community
- DC Government
- Contact Us
- Press Briefings & Schedules
- 72hours Emergency Planning
- Citywide Calendar
- Mayor's Office
- Call 311
- Statements & Releases
- Business
- Census
- DC Agencies
- Contact the Mayor
- Subscribe to Emails
- Consumer Protection
- DC Jobs
- DC Council
- Contact Agency Directors

CBE Business Online

Application Details Screen - CBE Orientation - Certification, Application Submitted

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View the current status of your company's certification. To return to the list of all applications, select [Back to Application List](#).

[Application Data](#) | [Checklist](#) | **Status** | # of days Under Review: _____

Current Information	Current Status: Application Submitted
Company Name:	CBE Orientation
Approval Date:	Not assigned
Expiration Date:	Not assigned
CBE#:	Not assigned
Application Type:	Certification
Certification Specialist:	No specialist assigned

[Back to Application List](#)

- | | | | | |
|---|--|-----------------------------------|-------------------------------------|--|
| District News | Information Centers | Community | DC Government | Contact Us |
| Press Briefings & Schedules | 72hours Emergency Planning | Citywide Calendar | Mayor's Office | Call 311 |
| Statements & Releases | Business | Census | DC Agencies | Contact the Mayor |
| Subscribe to Emails | Consumer Protection | DC Jobs | DC Council | Contact Agency Directors |
| Subscribe to Text Alerts | Education | DC Procurement | Elected Officials | Send Feedback |
| Online Chats | Health | Green DC | District Appointees | Search Telephone Directory |
| DC.Gov Social Networks | Social Services | DC One Card | Courts | Submit Service Requests |

DC Business Incentives Map

Welcome to the DC Business Incentives Map. This online tool can help you determine the geographic boundaries of incentives available to DC businesses. You can also enter a specific address to identify incentives that your property or company may be eligible to receive. For additional information regarding these and other available services, visit [Business in DC](#).



Zoom to Location [1]

address, intersection, etc.

- Prequalifying Incentives [1]
- Enterprise Zone
 - High Technology Development Zone
 - HUB Zone
 - Industrial Revenue Bond
 - Supermarket Tax Credit Zone
 - H Street NE Retail Priority Area

Incentive Profiles [1]

Select Incentive

Please note that businesses must fulfill certain additional requirements to qualify for incentives. It is possible that an address point may be located in an ineligible area even though the relevant tax lot may be eligible for certain incentives. Contact the Office of Business Development at (202) 727-6365 to

View Incentives Map Layers [1]

- None
- Enterprise Zone
- High Technology Development Zone
- Hub Zone
- Industrial Revenue Bond
- Supermarket Tax Credit Zone
- H Street NE Retail Priority Area

Map DC GIS Satellite

powered by DC GIS octo

Map data ©2013 Google Terms of Use Report a map error

New Search

Print Results

Search Result Information

Total Population (1/2 Mile) [1]	Employee Population (1/2 Mile) [1]	Median Individual Income (1/2 Mile) [1]	Total Housing Units (1/2 Mile) [1]
---------------------------------	------------------------------------	---	------------------------------------

DC Business Incentives Map

Welcome to the DC Business Incentives Map. This online tool can help you determine the geographic boundaries of incentives available to DC businesses. You can also enter a specific address to identify incentives that your property or company may be eligible to receive. For additional information regarding these and other available services, visit [Business in DC](#).

Zoom to Location [i]

address, intersection, etc.

1818 New York Avenue NE

Prequalifying Incentives [i]

Location: 1818 NEW YORK AVENUE NE

- Enterprise Zone
- High Technology Development Zone
- HUB Zone
- Industrial Revenue Bond
- Supermarket Tax Credit Zone
- H Street NE Retail Priority Area

Incentive Profiles [i]

Select Incentive

Please note that businesses must fulfill certain additional requirements to qualify for incentives. It is possible that an address point may be located in an ineligible area even though the relevant tax lot may be eligible for certain incentives. Contact the Office of Business Development at (202) 727-6365 to

View Incentives Map Layers [i]

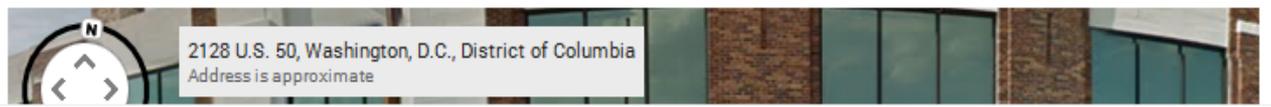
- None
- Enterprise Zone
 - Primary
 - Secondary
- High Technology Development Zone
- Hub Zone
- Industrial Revenue Bond
- Supermarket Tax Credit Zone
- H Street NE Retail Priority Area

Map DC GIS Satellite

Google Office of the Chief Technology Officer (OCTO) Map data ©2013 Google, Sanborn Terms of Use Report a map error

Search Result Information

Total Population (1/2 Mile) [i]	Employee Population (1/2 Mile) [i]	Median Individual Income (1/2 Mile) [i]	Total Housing Units (1/2 Mile) [i]
13,435	15,861	\$22,014	5,730



CBE Program: Business Assistance



The District of Columbia Small Business Resource Center (SBRC) is your gateway to information and services that can help you start and strengthen your business in the District. The SBRC is a partnership between the Department of Small and Local Business Development (DSLBD) and the Department of Consumer and Regulatory Affairs (DCRA). Through the SBRC, you can access trainings, workshops, seminars, one-on-one technical and educational.

DCRA

Jacqueline Noisette
1100 4th Street, SW
Jacqueline.noisette@dc.gov
(202) 442-8170 (Direct)

DSLBD

Shara Gibson
441 4th Street, NW
Shara.gibson@dc.gov
(202) 741-0836 (Direct)

<http://bizdc.ecenterdirect.com>

Frequently Asked Questions

- **Is a non-profit eligible for certification?** No.
- **How long is attendance to the orientation valid?** Attendance to CBE Seminar is valid for twelve (12) months.
- **How long will the CBE certification process take?** The CBE Certification Process can take up to forty-five (45) business days once you submit the application.
- **How long is my certification valid?** CBE Certification is valid for two (2) years. Companies must re-apply for recertification **45 days prior** to their expiration date (online system sends a notification **90, 60** and 30 days prior). The Department has added a 24-hour notice in FY14).
- **Does DSLBD grant reciprocity from other jurisdictions?** No.
- **Does the owner of my business have to live in DC?** No.
- **If my business is certified as a DBE or CBE by the DC Department of Small and Local Business Development (DSLBD), then are we already certified for DDOT's DBE program?** No. DSLBD certification will help when you bid on contracts with District Government agencies. It has no bearing on federally funded highway projects.
- **Once I am certified can I add additional categories or NIGP codes to my business profile?** Business profiles can be updated during an active certification period by submitting an Upgrade application with the Department.

Frequently Asked Questions

- **How do I notify the Department of a change in my certification?** Notification, on business letterhead, should be sent to the Department to the attention of the Certification Manager or Director of the Department.

*During the term of a certificate, a CBE shall report to the Department any change of address, change of ownership, or other change that may affect the continued eligibility of the CBE **within thirty (30) days** of the date of the change. Upon learning of any changes, the Department may request documentation regarding continued eligibility and conduct onsite inspections (CDCR 27-814 (2013)).*

- **How do I reset my username and password?** Email the certification division at cbe.feedback@dc.gov or any member of the certification team. Please include the name of your firm, notify us of any changes to the email address provided in the application and ask for your login and password to be reset.

Certification Team:

Melissa Resil (Business Certification Manager)

Yolanda Roy (Business Certification Specialist)

Makita Haynes-Burks (Business Certification Specialist)

Corey Beasley (Business Certification Specialist)

202-727-3900

<http://dslbd.dc.gov> (Get Certified)

cbe.feedback@dc.gov

Questions & Answers