



City of Columbia CDBE Certification Application

For City of Columbia Use	
Only:	
<input type="checkbox"/>	CDBE Approved
<input type="checkbox"/>	DBE Approved
<input type="checkbox"/>	Not Approved
Reviewer:	_____
Date:	_____

I certify that My Company meets all of the following qualifications below to be a CDBE.

Please check each box below and provide required documentation:

My company is a Contractor, Subcontractor, Vendor/Supplier, or Manufacturer, who is certified as a Disadvantaged Business Enterprise (DBE) in compliance with the definitions, outlined in the Columbia Disadvantaged Enterprise Guidelines.

- Types of Products or Services your firm supplies: _____
- Type: Please select one of the following (if applicable): WBE MBE DBE DVBE
- **For DBE Certified Subcontractors, Vendor/Supplier, or Manufacturer:**
 - **Certifying Entity: (SBA, SCDOT, SC Office of Small and Minority Business Contracting and Certification, Women’s Business Enterprise National Council, National Minority Supplier Diversity Council:** _____
 - **Certification Number:** _____

Documentation Required: Copy of the Certification per CDBE guidelines

- My company is located within the 8 CSA jurisdictions (*See CSA list below) and has been for at least 1 year. *The Counties included in the Columbia-Orangeburg-Newberry CSA are: Calhoun, Fairfield, Kershaw, Lexington, Newberry, Orangeburg, Richland, and Saluda.
- My company is not located in the Columbia-Orangeburg-Newberry CSA.
- My company is in good standing with State of South Carolina (must be in good standing with the State of South Carolina regarding payments of taxes and required business licenses). ***If not registered with the Secretary of State, please register with the SC Sectary of State. If you are a sole proprietor, please provide a copy of your schedule C (Form 1040).**
- Please provide a copy of your company’s w-9** (this will be used to create your Permanent vendor number)
- My company is a socially and/or Economically Disadvantaged Enterprise.

Please select the Race of the Owner of Company (This information is used for data purposes only for the city):

- | | | | |
|---|--------------------|---|-----------------|
| 1 | Black American | 4 | Hispanic |
| 2 | Asian Pacific | 5 | Native American |
| 3 | Subcontinent Asian | 6 | Non-Minority |

City of Columbia Vendor# (All Vendor Numbers begin with a V): V _____

Has your company ever applied for and been denied a DBE certification? YES NO

Company Name: _____

Address: _____

How long have you resided at your current address? _____ years _____ months

Current Business License Number _____

Phone Number: _____

Email Address: _____

I certify by my signature below that all of the information given above is true and accurate to the best of my knowledge. I also recognize that by signing - any false information above may lead to penalties or sanctions.

Owner’s Name: _____ **Date:** _____

Signature: _____

Please complete and submit application with required documentation to:

Office of Business Opportunities	Tel: (803) 545-3950
Attn: Latonya Germany or Kalenna Ginyard	Email: OBCompliance@columbiasc.gov
Compliance Office 1401 Main Street, 4 th Floor	
Columbia, SC 29201	