



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

City of Columbia CDBE Qualification Statement

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 Secretary 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: Cassandra Fletcher or Latonya Germany	Email: OBOCompliance@columbiasc.gov
Compliance Office 1401 Main Street, 4 th Floor	
Columbia, SC 29201	