



## Osceola County Board of County Commissioners

### Certification as Osceola County Local Small Business Enterprise

We appreciate your interest in doing business with Osceola County Board of County Commissioners. In an effort to show our commitment to locally-owned small businesses, the County has adopted the Local Small Business Enterprise (LSBE) program to enhance your opportunities for contracting with the County.

Under this initiative, firms that are certified as a Local Small Business Enterprise are permitted to match the lowest bid price when they are within five percent (5%) of the lowest bid. If more than one LSBE is within five percent (5%) of the lowest bid, the lowest bidder among the LSBEs is granted the opportunity to match the lowest bid first. The LSBE will have three days to respond in writing to the County's request to match. If the lowest LSBE within the five percent (5%) elects not to match, the next LSBE within the five percent (5%) will be granted the same opportunity.

The application for LSBE certification will be reviewed in accordance with Osceola County Administrative Code and Procurement Services standard operating procedures. Therefore it is advised that all questions be answered carefully and to provide all the documentation requested.

The processing time for certification as a LSBE may take up to 60 business days to complete. As part of the review process, it may be necessary to perform on-site visits, interview with the applicant, and conduct research to verify the information submitted substantiate the eligibility for certification. If you have questions, while completing your application, please contact Diversity, Inclusion and Equal Opportunity Programs at (407) 742-1208.

#### **Submit the completed application with ALL supporting documents to:**

Osceola County Board of County Commissioners  
Diversity, Inclusion and Equal Opportunity Programs  
1 Courthouse Square, Suite 4200  
Kissimmee, Florida 34741  
ATTN: Supplier Diversity



PLEASE REVIEW BEFORE COMPLETING APPLICATION

**Minimum Requirements for Certification as Local Small Business Enterprise**

1. Be in operation for at least one year
2. **Maintain its headquarters within the legal boundaries of Osceola County**
3. Serves a commercially useful function, meaning the following:
  - The firm must demonstrate responsibility for a distinct element of work.
    - a. Holds a State of Florida Certification and/or local certificates of competency
    - b. Has sufficient labor force and/or the independent capability of obtaining such a force
    - c. Has sufficient equipment, tools, etc. and/or the independent capability of obtaining such items
  - The firm must perform, manage, and supervise a distinct element of work for which it has skill and expertise.
4. Must be actively managed and controlled on a day-to-day basis by the owner(s)
  - Is the license to perform the firm's line(s) of business held by the owner?
  - Does the owner devote substantial time to the business?
  - Who makes final decisions and participates in bidding jobs and negotiations?
  - Who supervises management and field operations of firm?
  - Who makes final staffing and personnel related decisions?
  - Who signs checks, bids, and contracts, or authorizes their signature?
5. Annual gross sales volume does not exceed the following maximums:
  - a. \$7.5 million gross sales for construction firms
  - b. \$3 million gross sales for all other firms
6. Be current on any applicable business license(s) and on any required Osceola County taxes and fees



# Application for Certification as Osceola County Local Small Business Enterprise

ALL QUESTIONS MUST BE ANSWERED IN FULL.

- A. Applicant Firm \_\_\_\_\_  
Other Names Used by Business (DBA) \_\_\_\_\_  
Full Name of Owner(s) \_\_\_\_\_  
Street Address of Headquarters \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing address if different from street address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Website: \_\_\_\_\_
- B. Do we have permissions to use your email address for program related information?  Yes  No  
Firm's Federal EIN or Applicant's Social Security Number: \_\_\_\_\_
- C. Type of Business:  Sole proprietorship  Limited Liability Corporation  
 Corporation  Limited Liability Partnership  
 Joint Venture  Partnership  
 Other (Specify) \_\_\_\_\_  
Date business was started or acquired \_\_\_\_\_
- D. Check type of business activity:  Construction Services  Professional Services  
 Non-professional Services  Manufacturer  
 Supplier/Non-manufacturer
- E. Is this a home-based business?  Yes  No
- F. How many permanent full-time employees are employed by firm at local office? \_\_\_\_\_  
How many permanent part-time employees are employed by firm at local office? \_\_\_\_\_  
How many permanent full-time employees are employed by firm for all locations? \_\_\_\_\_  
How many permanent part-time employees are employed by firm for all locations? \_\_\_\_\_

G. Certifications: (e.g. local business tax receipts, small or minority business certifications, etc.)

Name of Issuing Authority	Type	Number	Expiration Date

H. Professional Licenses, Permits, and/or Certificates: (e.g. contractor, architect, engineer, etc. – list all that apply and attach copies. List on a separate page if additional space is needed.)

Name of Issuing Authority	Type	Number	Expiration Date

I. List all branch offices/subsidiaries/affiliates by name and address:

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

J. Who is responsible for the following:

	Name	Title
Financial Decisions		
Hiring and Firing		
Seeking and Negotiating Contracts		
Management Decisions		

K. List owner(s) name and the ownership percentage for each.

Full Name of Owner	Title	Percentage of Ownership

L. Has the ownership percentage changed since the business was started or acquired?  Yes  No

M. If a change has occurred, when did the change occur? \_\_\_\_\_

N. Please list the firm’s gross receipts for each of the last three years or life of the firm if less than 3 years.

***(A copy of your last three years federal income tax returns must be submitted with application.)***

**YEAR**

**GROSS RECEIPTS**

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O. Work History for Construction Firms; list last three jobs completed or on-going.

Use additional sheets if necessary.

Project Name and awarding agency if public	Architect, Owner or General Contractor	Your firm’s contract price	Your firm’s start date	Your firm’s end date or % completed	Your firm’s bond amount

Work History for Goods and Services Firms; list three (3) recent customers.

Project Name and awarding agency if public	Description of Work Performed	Amount of Project	Completion Date

P. List all NIGP commodity codes that apply to your firm. (NIGP codes can be found on the VendorLink site.)

_____	_____	_____	_____
_____	_____	_____	_____

**AFFIDAVIT FOR APPLICATION AS OSCEOLA COUNTY LOCAL SMALL BUSINESS ENTERPRISE**

I, \_\_\_\_\_, an owner of \_\_\_\_\_ do hereby authorize the Osceola County Procurement Services Office to verify the accuracy of statements made in this application in order to determine whether I meet the criteria for a Local Small Business Enterprise. I have read and certify that the above and foregoing information are true statements of fact. I also agree to make available any such information or material which may be required to substantiate the ownership and control of this firm, the most recent annual gross receipts of this firm, the principle location of this firm, and any other information that may be required to verify the information contained in this application. I also understand certification as a Local Small Business Enterprise does not guarantee any present or future contracts or business opportunities with Osceola County. All registered vendors must take the necessary steps to become a part of the County's procurement process and respond competitively to solicitations advertised by the County.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ of \_\_\_\_\_, who is personally know to me OR has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

(STAMP)



## CHECKLIST OF SUPPORTING DOCUMENTS

### Osceola County Local Small Business Enterprise Certification

- Completed and notarized application
- Copy of Osceola County Business Tax Receipt
- Three (3) most recent federal income tax returns or returns for those years in business if less than three (3) years. Sole proprietors shall submit individual tax returns for the previous three years.
- Articles of incorporation, if incorporated
- Lease, rental agreement, or property trim notice
- Current resume of owner(s) reflecting experience or training in type of business being conducted
- Copies of all professional licenses

Mail this application for LSBE certification and all supporting documents to:

Osceola County Board of County Commissioners  
Diversity, Inclusion and Equal Opportunity Programs  
1 Courthouse Square, Suite 4200  
Kissimmee, Florida 34741  
Attention: Supplier Diversity

**IMPORTANT:** If you haven't already, please register with the County's free bid notification system, VendorLink, <https://vendorlink.osceola.org>

**<<<FAILURE TO SUBMIT ALL REQUIRED INFORMATION MAY RESULT IN A DENIAL OF CERTIFICATION. >>>**