

SECTION 14

SMALL BUSINESS ENTERPRISE PROGRAM (SBE)

On April 16, 2002, the Board of County Commissioners (Board) approved the Pinellas County Small Business Assistance Program. (Now called Small Business Enterprise Program)

The mission of the Small Business Enterprise Program (SBE) is to draft a partnership between Pinellas County Economic Development and Purchasing Department to assist small businesses in improving participation in the competitive process for County Contracts. The SBE will provide the framework guidelines for businesses to maximize access to the contract opportunities offered by Pinellas County. Economic Development will provide business assistance and the Purchasing Department will be responsible for the procurement process. The results of the SBE will assure taxpayers and the local business community that there is a system in place that assures opportunity for business assistance and contract opportunities for small businesses to conduct business with the County.

Ordinance Section 2-165: This ordinance provides for the establishment of a small business assistance program; providing findings of fact; providing intent for definitions; providing for a policy statement; providing for the authority of the Board or designee; providing for a business assistance office; providing for reports to Board; providing for Severability and providing for an effective date.

Section 1 – Intent – It is the County's intent to establish a race and gender-neutral program called the Small Business Enterprise Program. The program is intended to enhance contracting and procurement opportunities for small business enterprises. The procurement opportunities include construction, capital improvement programs, contractual services, professional consulting services, and all commodities.

Section 2 – Definitions – The Board or designated representative shall promulgate regulations establishing definitions of the following terms, using, in addition to the criteria set forth in this Section, such other criteria as it may deem desirable, including the number of employees and the dollar volume of business.

- (a) Small Business Enterprise – A local business that is independently owned and which is not dominant in its field of operation. The Small Business must also comply with the following:
- 1) The business must serve a commercially useful function
 - 2) The business must be principally domiciled in the county limits of Pinellas
 - 3) The annual sales and number of employees of the business does not exceed the maximum three (3) year average gross revenue of two (2) million and a maximum of fifty (50) employees.

SMALL BUSINESS ENTERPRISE PROGRAM (SBE) - Continued

Section 3 – Statement of Policy and Its Implementation

- (a) Statement of Policy – It shall be the policy of the County to assist small businesses with learning how to do business with the County
- (b) Implementation – The Board or designated representative shall implement the policy set forth in this Section in accordance with the regulations promulgated by the Board under this Article.

Section 4 – Authority of the Board or designated representative

- (a) Assistance with County Agencies – Where feasible, the Board or designated representative shall provide appropriate staff that shall be responsible for assisting businesses with learning how to do business with the County.
- (b) Special Publications - The Board shall give special publicity to procurement procedures designed to assist small businesses, such as learning how to do business with the County.
- (c) Source Lists - The Board or designated representative shall compile, maintain, and make available source lists of certified small businesses for the purpose of encouraging procurement from small businesses.
- (d) To the extent deemed appropriate and as may be required by regulation, the Board or designated representative shall include SBE businesses on solicitation mailing lists.
- (e) Solicitation of SBE - The Board or designated representative shall assure that SBE businesses are solicited on each procurement for which such businesses may be suited.
- (f) Training Program - The Board or designated representative shall develop special training programs to be conducted by the County to assist training may also include other training, as deemed necessary, that will improve the ability of SBE businesses to provide goods and services to the County. This training may include, but may not be limited to, methods for obtaining insurance and bonding with the intent of assisting these businesses to be able to provide these items when required by the County.
- (g) Sheltered Market Component - Informal contracts (contracts under \$25,000), at the discretion of the Board or designated representative, shall be made available only to SBE. Projects and/or contracts so designated shall be economically feasible contracts or portions of contracts. If SBE vendors cannot provide the required goods or services, then all other vendors may be contacted for quotes or bids.
- (h) The Board or designated representative must certify the business as a small business enterprise.

SMALL BUSINESS ENTERPRISE PROGRAM (SBE) - Continued

Section 5 – Business Assistance Office; Financial Assistance

- (a) Procurement Assistance - The Board or designated representative may establish as deemed appropriate, business assistance, including but not limited to the economic Development Department, to assist in carrying out the provisions of this part. The providing of staff support will help ensure that the needs of small and disadvantaged businesses are considered during a procurement process. Establishment of business assistance will make the County assistance to SBE businesses more accessible to them.

- (b) Financial Assistance - The Board or designated representative will either create or coordinate with existing service providers to implement cooperative programs that provide financial and bonding support for SBE Vendors.

Section 6 – Report to the Board

A quarterly report shall be presented in writing to the Board demonstrating the amount of contracts awarded to SBE businesses during the proceeding quarter. To the extent practicable, the report required by this Section should include the total dollar value of awards made in the quarter and fiscal year to date for SBE businesses.



AFFIDAVIT
(Declaración Jurada)

Small Business Enterprise Program (SBE)
(Programa de Pequeños Negocios)

The undersigned swears (and affirms) that the foregoing statements concerning the location of the Business, annual sales volume, number of employees and other expressed criteria accurately describe the operations of my business:
(El abajo-firmado jura y (afirma) que la precedente declaración acerca de la localización del negocio, volumen de ventas anuales, números de empleados y otros criterios expresados describen exactamente las operaciones de mi negocio):

(Name of Business)
(Nombre del Negocio)

(Print Name of Owner)
(Imprima Nombre del Dueño)

(Number & Street)
(Número & Calle)

_____	<u>FLORIDA</u>	_____
(City)	(State)	Zip
(Ciudad)	(Estado)	(Zona Postal)

(Telephone No.)
(Número de Teléfono)

(Fax No.)
(Número de Fax)

(E-Mail Address)
(Dirección del correo electrónico)

Federal Employee ID Number (FEIN): Complete and return the attached W-9 Form.
(Número de Identificación Federal De Empleado (FEIN): Termine y regrese la Forma W-9 (incluida)

Type of Industry/Nature of Business:
(Clase de industria/Naturaleza del negocio):

Date Firm was Established:
(Fecha Empresa fue Establecida): _____

Type of Ownership (Check) Corporation Partnership Sole Proprietor
Estructura Legal (Marque): (Corporación) (Sociedad (Propetario Unico)
Corporativa)



Annual Sales Volume for the past three (3) calendar years:
(Volumen de Ventas Anuales por los pasados tres (3) años calendario):

Year 1 Ending (Final Año 1) \$ _____
Year 2 Ending (Final Año 2) \$ _____
Year 3 Ending (Final Año 3) \$ _____

Three (3) year average annual sales volume
(Promedio de tres (3) años volumen de ventas anual)

\$ _____

Number of employees: _____
(Número de empleados)

Is your business able to accept payment by Credit Card?
(Puede su negocio aceptar pagos con Tarjetas de Credito?)

Yes No
(Si)

Furthermore, my business meets the following criteria:
(Además, mi negocio cumple con los siguientes requisitos):

- The business serves a commercially useful function.
(El negocio sirve una function comercialmente útil).
- The business is principally domiciled in the County Limits of Pinellas, FL.
(El negocio esta principalmente ubicado en los Limites del Condado de Pinellas, FL).
- The annual sales and number of employees of the business does not exceed maximum three year average gross revenue of two (2) million and a maximum of fifty (50) employees.
(Las ventas anuales y el número de empleados del negocio no sobrepasan el promedio máximo de tres (3) años del ingreso bruto de dos (2) millones y un máximo de cincuenta (50) empleados).

I understand that this affidavit affords my business to a SBE status for a period of three (3) years. The SBE status may be renewed subject to written notice from the County and my business for additional terms. This option may be exercised only if my business continues to qualify under the SBE criteria and status has not been revoked.
(Yo entiendo que por esta Declaración Jurada le permite a mi negocio estar bajo la categoría de Empresa de Pequeños Nogocios (SBE) por un periodo de tres (3) años. La categoría de SBE puede ser renovada por término adicionales, sujeto a un aviso por escrito del Condado y mi negocio. Esta opción puede ser sólo si mi negocio continúa siendo clasificado bajo los criterios de SBE y su clasificación no ha sido revocada.)



SBE status may be revoked for the following reasons:
 (La categoría de SBE puede ser revocada por las siguientes razones):

- Fraudulently obtaining, attempting to obtain or aiding another in obtaining SBE Status.
 (Conseguir fraudulentament, atentar conseguir o ayudar a otros a conseguir la categoría de SBE).
- Willfully making a false statement, whether by affidavit, report or other representation to a Pinellas County official or employee for the purpose of obtaining SBE status.
 (Deliberadamente hace una declaración falsa sea por affidavit, informe y otra representación a un oficial del Condado de Pinellas or empleado con el propósito de obtener la categoría de SBE).
- Willfully obstructing, impeding or attempting to obstruct or impede any Pinellas County official or employee whom is investigating the qualifications of a business entity, which has requested SBE status.
 (Interferir deliberadamente, impidiendo o atentar obstruir o impedir que cualquier ificial o empleado del Condado de Pinellas investigue las cualificaciones del negocio, que está solicitando la categoría de SBE).

ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.
 (CUALQUIER ALTERACION WL MATERIAL PUEDE SER CASTIGADO O DEMANDADO BAJO LAS LEYES FEDERALES O ESTATALES RELACIONADO A LOS TESTIMONIOS FALSOS.

SIGNATURE: (FIRMA) _____ DATE: (FECHA) _____
 PRINT NAME (IMPRIMA SU NOMBRE) _____ TITLE: (TITULO) _____

On this En este (day) of (día) de _____ 200 __, before me appeared Delante de mi comparece

(name) (nombre) _____ to me personally known
 A quien conozco

or produced o produce _____ as identification, who being duly sworn, did execute the como identificación, quien ha sido debidamente jurado



foregoing affidavit, and did state that he/she was properly authorized by
y ejecuta el affidavit anterior y asi declara que el.ella está debidamente autorizado por

(name of
business)
(nombre negocio) _____

to execute the affidavit and did so as a free act and deed.
(para cumplir con las furmalidades del affidavit y hacerlo como un acto y acción libre.

(SEAL)
Notary Public: _____

My Commission Expira: _____

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
Business name, if different from above
Check appropriate box: Individual/Sole proprietor, Corporation, Partnership, Limited liability company, Other
Address (number, street, and apt. or suite no.)
City, state, and ZIP code
List account number(s) here (optional)
Requester's name and address (optional)
Exempt payee

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person Date

Detach on the perforation

STATEMENT ON USE OF SOCIAL SECURITY NUMBERS

The Clerk of the Court collects social security numbers as required or permitted by law. We are committed to protecting sensitive information and will disclose social security numbers to independent parties only as legally required.

Purposes for which we collect social security numbers include:

- Compliance with record-keeping and tax reporting to federal, state and local agencies;
- Classification of accounts;
- Identification and verification;
- Billing and payments;
- Data collection;
- Reconciliation;
- Tracking; and

Applications for home solicitation permits, marriage licenses and passports as required by state or federal law.