

Division of Supplier Diversity

eCertification System

Bidder Registration

The Identifying Information section of Bidder Registration has Profile Questions. Answering Yes to MWBE Profile Question will trigger an email to the bidder when the registration is submitted. An eCertification record will be created for the Bidder to start the application. Instructions will be on the DSD web page on how to navigate to the Supplier Portal.

[Supplier Public Home Page](#) Identifying Information

Welcome **Identifying Information** Addresses Contacts Submit

Exit | Previous Next

Identifying Information - Step 2 of 5

Let's start by gathering some very basic information.

For more details about the requirements in each section, select the question mark next to the section title.

*Indicates a required field.

Unique ID & Company Profile ?

* Tax Identification Number

* Entity Name [Add Attachment](#)

Additional Name

http://URL [Open URL](#)

Profile Questions ?

* Buy Indiana Program
Are you interested in learning if this business qualifies for "Buy Indiana status" under Indiana Code 5-22-15-20.5?

* Minority/Women/Veteran Businesses
If eligible, a business may be certified by the Indiana Department of Administration as a Minority Business Enterprise

UNSPSC Codes ?

UNSPSC	Description
<input type="text"/>	<input type="text"/>

[Add UNSPSC Code](#)

Comments ?

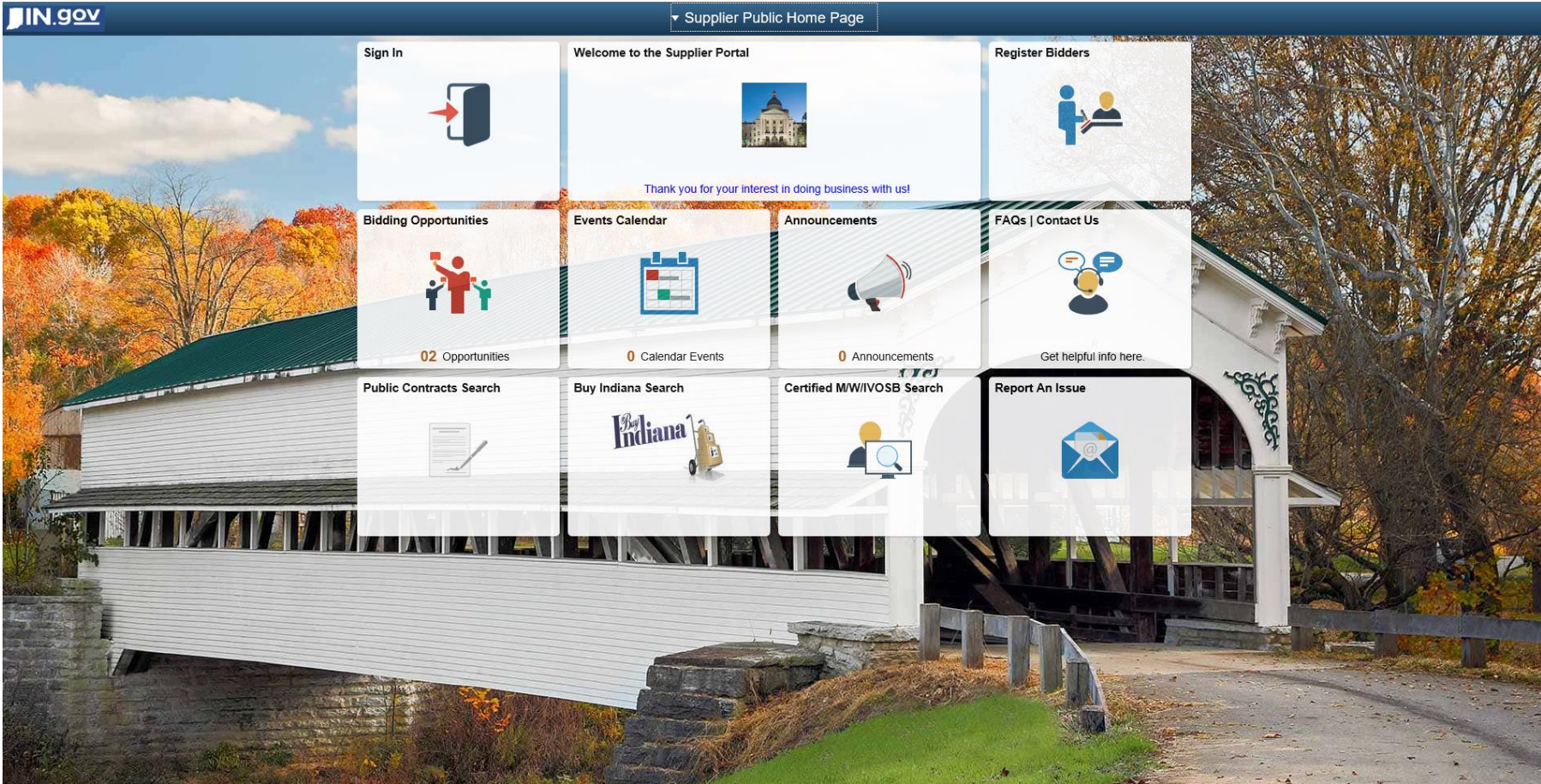
Exit | Previous Next

* Required field

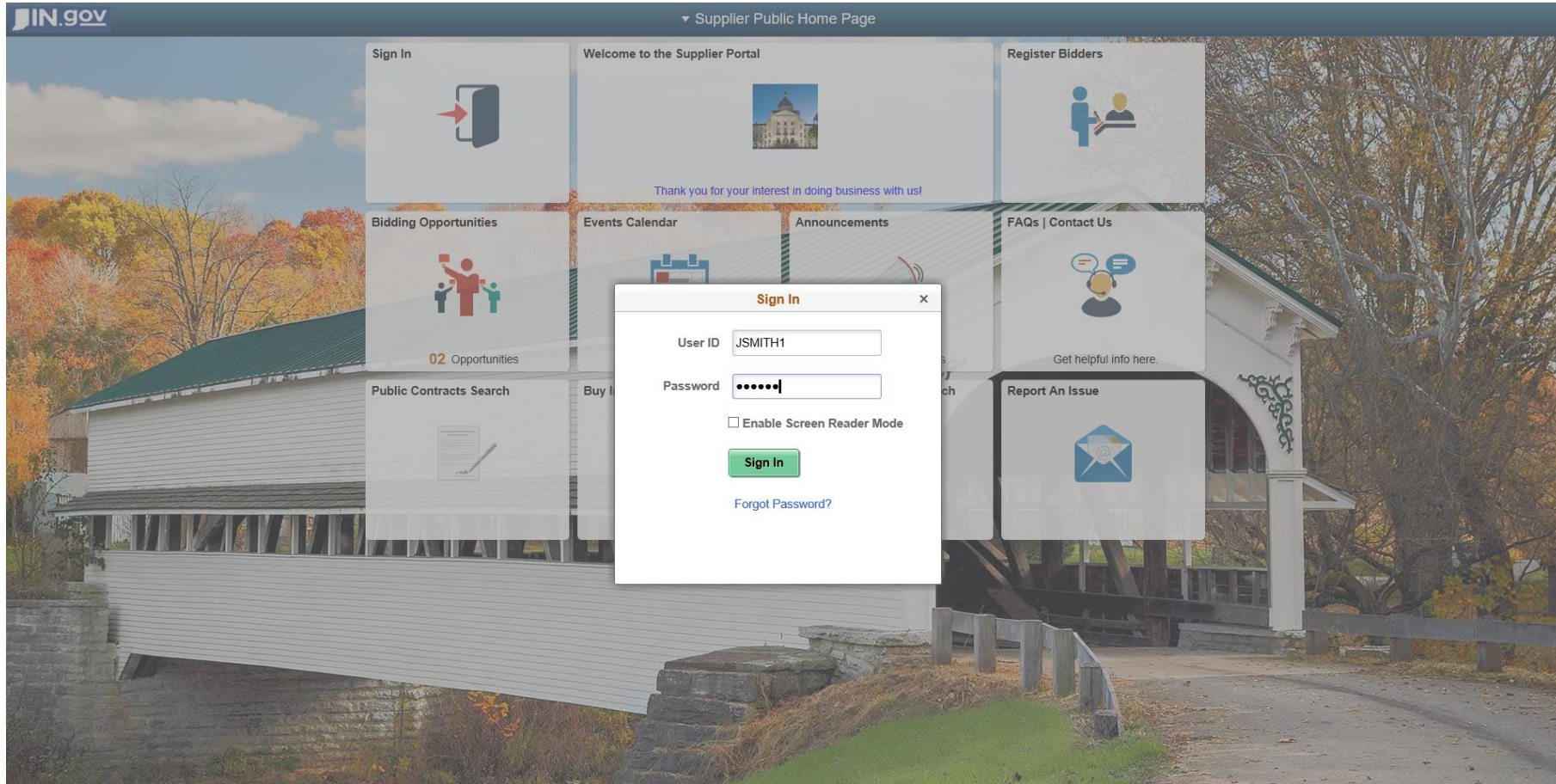
Email notification from Bidder Registration

- Indiana Department of Administration - Division of Supplier Diversity
- Greetings!
- You requested additional information about the State of Indiana certification programs for Minority Business Enterprises, Women's Business Enterprises, and/or Indiana Veteran-Owned Small Business Enterprises. The Indiana Department of Administration Division of Supplier Diversity is the state agency responsible for determining eligibility for those programs. For non-Indiana companies, please check this link if Indiana accepts applications from your state: <https://www.in.gov/idoa/mwbe/2492.htm>.
- A business may be eligible for certification if it is at least 51% owned by and controlled by a minority, a woman, or a veteran. There are other factors taken into consideration, such as the experience of the business owner, the time the company has been in business, day-to-day operations, and etc. It is possible for a business to hold all three certifications at once, if it meets all the eligibility requirements. Once certified, a company can be counted toward the participation/utilization of MBE, WBE or IVOSB on state-funded contracts.
- Why become certified?
- Through certification, the Division positions these certified businesses so that they may benefit from subcontracting opportunities on state contracts. In addition, certified Minority, Women and Veteran business enterprises:
- MBE/WBE:
 - Certification opens doors once closed to MBE/WBEs.
 - Certified MBE/WBEs qualify for subcontracting opportunities on state contracts.
 - Certified MBE/WBEs qualify as an MBE/WBE for purchasing by casinos and state universities, as well as other public and private organizations.
 - Certified MBE/WBEs receive notification of state business opportunities.
- IVOSB:
 - Ability to be counted for participation as an IVOSB on state contracts.
 - There is a 3% goal for IVOSBs.
 - Certified IVOSBs receive notification of state business opportunities.
- Please go to <https://www.in.gov/idoa/mwbe/index.htm> for more information, or to apply.
- Sincerely,
- The Indiana Dept. of Administration
- Division of Supplier Diversity

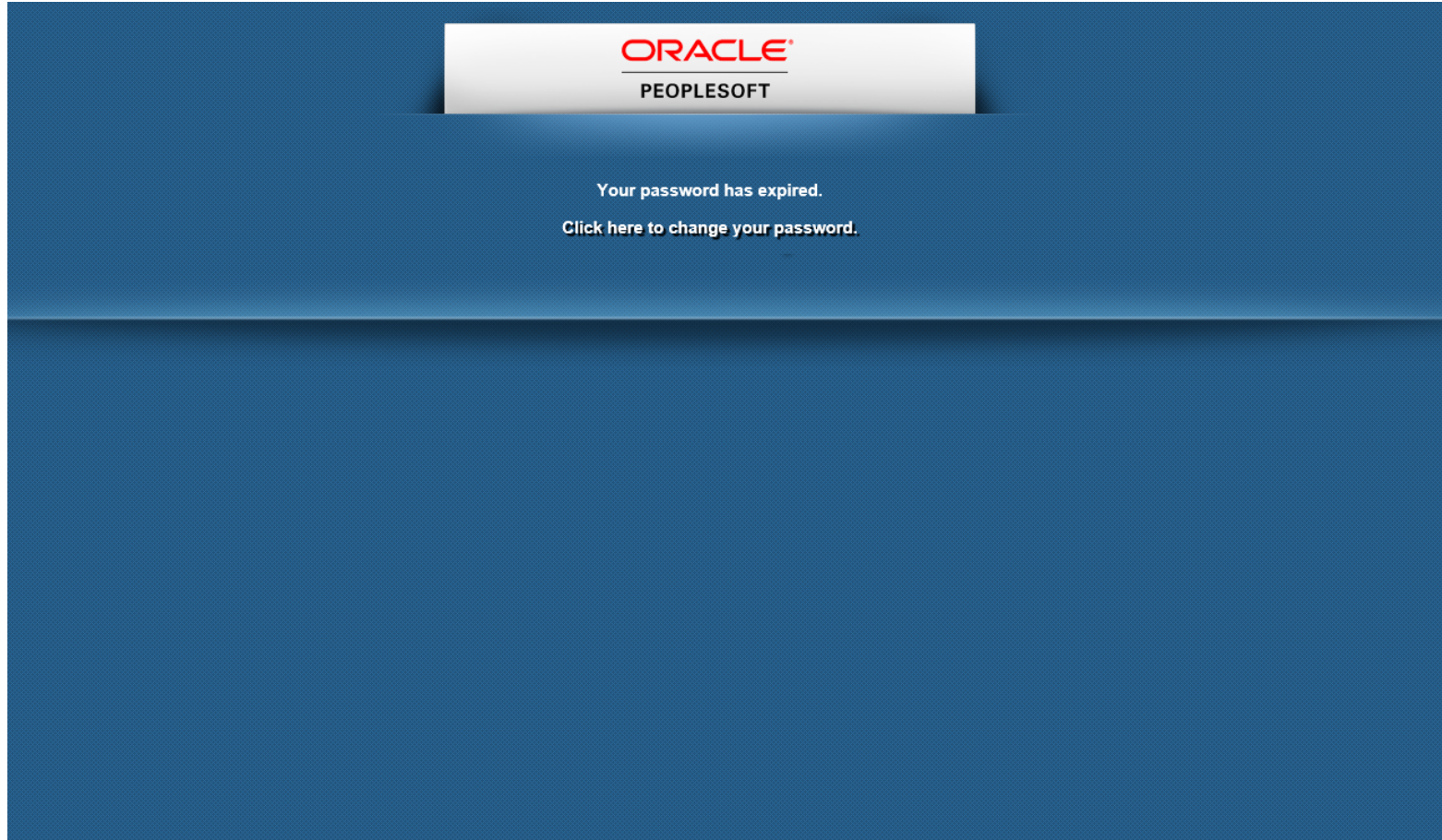
Supplier Portal



Sign In to Supplier Portal



Change Password (First Time Only)



Change Password (First Time Only)

Change Password

User ID JSMITH1

Description James Smith

*Current Password

*New Password

*Confirm Password

Change Password

Change Password (First Time Only)

Change Password

User ID JSMITH1
Description James Smith

*Current Password

*New Password



*Confirm Password

Your password has successfully been changed, Continue to Homepage?

Supplier Secure Home Page



Click Supplier Diversity Application Tile

[Supplier Secure Home Page](#) **Supplier Diversity Application**  

General Information

Division of Supplier Diversity
e-Certification Application

Bidder Registration Number	0000052953	ACME Restorations
Federal Identification Number	555669876	

APPLICATION HAS BEEN STARTED

Which program are you interested in? Please click the checkbox for each program you would like to be considered for certification by the Indiana Division of Supplier Diversity.

<input type="checkbox"/> Indiana Veteran Owned Small Business Enterprise (IVOSB)	Before You Begin (Checklist)
<input type="checkbox"/> Minority-owned Business Enterprise (MBE)	About Applying for Certification
<input type="checkbox"/> Women-owned Business Enterprise (WBE)	M/WBE Legal Requirements
	IVOSB Legal Requirements

Select Program (MBE/WBE Require Citizenship) Click Yes to Continue

Supplier Secure Home Page Supplier Diversity Application

General Information

Division of Supplier Diversity
e-Certification Application

Save

Bidder Registration Number 0000052953 ACME Restorations
Federal Identification Number 555669876

APPLICATION HAS BEEN STARTED

Which program are you interested in? Please click the checkbox for each program you would like to be considered for certification by the Indiana Division of Supplier Diversity.

- Indiana Veteran Owned Small Business Enterprise (IVOSB)
- Minority-owned Business Enterprise (MBE)
- Women-owned Business Enterprise (WBE)

DSD Citizenship Required

Selected program requires proof of U.S. Citizenship.

Minority-owned Business Enterprise (MBE)

Are you a U.S. Citizen?

Yes No

Reciprocity State – Select from available states using magnifying glass

Supplier Secure Home Page

Supplier Diversity Application

Look Up

Search by: State begins with

Search Cancel Advanced Lookup

Search Results

View 100 1-19 of 19

State	Description
AL	Alabama
DE	Delaware
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
MA	Massachusetts
MO	Missouri
NJ	New Jersey
NY	New York
OH	Ohio
OK	Oklahoma
OR	Oregon
RI	Rhode Island
SC	South Carolina
TN	Tennessee
VA	Virginia
WA	Washington
WI	Wisconsin

General Information

Division of Supplier Diversity
e-Certification Application

Bidder Registration Number 0000052953 ACME Restorations
Federal Identification Number 555669876

Which program are you interested in? Please click the checkbox for each considered for certification by the Indiana Division of Supplier Diversity.

Indiana Veteran Owned Small Business Enterprise (IVOSB)
 Minority-owned Business Enterprise (MBE)
 Women-owned Business Enterprise (WBE)

The following question(s) must be satisfied prior to starting the application.

Which State is your company headquartered?

The following states **do allow** Indiana-based businesses to apply for certification; therefore, firms based in these states **may be considered** for certification through the State of Indiana's Department of Supplier Diversity. Please select your state using the magnifying glass below.

Q

Not-For Profit (Option No will open the application, option Yes, will ask following question)

The screenshot shows a web application interface for a Supplier Diversity Application. The main page is titled "Supplier Diversity Application" and has a "Supplier Secure Home Page" link. The "General Information" tab is active, showing the following details:

- Division of Supplier Diversity
- e-Certification Application**
- Bidder Registration Number: 0000052953 (ACME Restorations)
- Federal Identification Number: 555669876

Below this information, there is a question: "Which program are you interested in? Please click the checkbox for each program considered for certification by the Indiana Division of Supplier Diversity." There are three options:

- Indiana Veteran Owned Small Business Enterprise (IVOSB)
- Minority-owned Business Enterprise (MBE)
- Women-owned Business Enterprise (WBE)

There are also links for "Before You Begin (Checklist)", "About Applying for Certification", "M/WBE Legal Requirements", and "IVOSB Legal Requirements".

Below the checkboxes, it states: "The following question(s) must be satisfied prior to starting the application." There are two questions:

- Which State is your company headquartered?** A text box contains "IN" and a search icon, with "Indiana" displayed below it.
- Is your Business Not-For Profit?** A radio button is selected for "Yes".

A modal window titled "DSD Not-For Profit Terms" is open over the application. It contains the following text:

IC 4-13-16.5-1(g)

"Qualified minority or women's nonprofit corporation" means a corporation that:

1. is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code;
2. is headquartered in Indiana;
3. has been in continuous existence for at least five (5) years;
4. has a board of directors that has been in compliance with all other requirements of this chapter for at least five (5) years;
5. is chartered for the benefit of the minority community or women; and
6. provides a service that will not impede competition among minority business enterprises or women's business enterprises at the time a nonprofit applies for certification as a minority business enterprise or a women's business enterprise.

At the bottom of the modal, there is a section titled "Accept Not-For Profit Terms" with two radio buttons: "Yes" (unselected) and "No" (unselected).

Not-For Profit – To continue the application, Terms must be accepted. Answering No will present the user with the following options.

Supplier Secure Home Page | Supplier Diversity Application

General Information

Division of Supplier Diversity
e-Certification Application

Bidder Registration Number: 0000052953 | ACME Restorations
Federal Identification Number: 555669876

Which program are you interested in? Please click the checkbox for each program considered for certification by the Indiana Division of Supplier Diversity.

- Indiana Veteran Owned Small Business Enterprise (IVOSB)
- Minority-owned Business Enterprise (MBE)
- Women-owned Business Enterprise (WBE)

Before You Begin (Check About Applying for Certification)
M/WBE Legal Requirements
IVOSB Legal Requirements

The following question(s) must be satisfied prior to starting the application.

Which State is your company headquartered?
The following states do allow Indiana-based businesses to apply for certification; therefore, firms based in these states may be considered for certification through the State of Indiana's Department of Supplier Diversity. Please select your state using the magnifying glass below.

IN [magnifying glass] Indiana

Is your Business Not-For Profit?
 Yes

DSD Not-For Profit Terms

IC 4-13-16.5-1(g)

"Qualified minority or women's nonprofit corporation" means a corporation that:

1. is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code;
2. is headquartered in Indiana;
3. has been in continuous existence for at least five (5) years;
4. has a board of directors that has been in compliance with all other requirements of this chapter for at least five (5) years;
5. is chartered for the benefit of the minority community or women; and
6. provides a service that will not impede competition among minority business enterprises or women's business enterprises at the time a nonprofit applies for certification as a minority business enterprise or a women's business enterprise.

Accept Not-For Profit Terms

Yes No

By answering No to the Not-For Profit Terms, you will be disqualified from continuing the application. You will be returned to the main Supplier Portal page and will not be allowed to start the application over. Click one of the buttons below to take your requested action.

Click Here to Disqualify and Close Application

Click Here to Return to the Application

Not-For Profit Terms - User can opt to disqualify completely, or return and answer Yes to the terms

The screenshot shows a web application interface for a Supplier Diversity Application. The main page is titled "Supplier Diversity Application" and has a "General Information" tab selected. The user's information is displayed as follows:

Bidder Registration Number	0000052953	ACME Restorations
Federal Identification Number	555669876	

Below the user information, there are checkboxes for selecting a program: "Indiana Veteran Owned Small Business Enterprise (IVOSB)", "Minority-owned Business Enterprise (MBE)" (which is checked), and "Women-owned Business Enterprise (WBE)".

A modal window titled "DSD Not-For Profit Terms" is open over the application. It contains the following text:

IC 4-13-16.5-1(g)
"Qualified minority or women's nonprofit corporation" means a corporation that:

1. is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code;
2. is headquartered in Indiana;
3. has been in continuous existence for at least five (5) years;
4. has a board of directors that has been in compliance with all other requirements of this chapter for at least five (5) years;
5. is chartered for the benefit of the minority community or women; and
6. provides a service that will not impede competition among minority business enterprises or women's business enterprises at the time a nonprofit applies for certification as a minority business enterprise or a women's business enterprise.

Below the list, there is a section titled "Accept Not-For Profit Terms" with two radio buttons: "Yes" (unselected) and "No" (selected).

A red warning message states: "By answering No to the Not-For Profit Terms, you will be disqualified from continuing the application. You will be returned to the main Supplier Portal page and will not be allowed to start the application over. Click one of the buttons below to take your requested action."

At the bottom of the modal, there are two buttons: "Click Here to Disqualify and Close Application" and "Click Here to Return to the Application".

Not-For Profit – Accepting Terms – The complete application will display.

Supplier Secure Home Page **Supplier Diversity Application**

General Information | Ownership | Management | Personnel | Resources and Suppliers | Financial Information | Authorized Signatories | UNSPSC | Application Signature

Division of Supplier Diversity
e-Certification Application

Bidder Registration Number 0000052953 ACME Restorations
Federal Identification Number 555669876

Save Next
Check For Errors

APPLICATION HAS BEEN STARTED

Which program are you interested in? Please click the checkbox for each program you would like to be considered for certification by the Indiana Division of Supplier Diversity.

<input type="checkbox"/> Indiana Veteran Owned Small Business Enterprise (IVOSB)	Before You Begin (Checklist)
<input checked="" type="checkbox"/> Minority-owned Business Enterprise (MBE)	About Applying for Certification
<input type="checkbox"/> Women-owned Business Enterprise (WBE)	MWBE Legal Requirements
	IVOSB Legal Requirements

The following question(s) must be satisfied prior to starting the application.

Which State is your company headquartered?

The following states **do allow** Indiana-based businesses to apply for certification; therefore, firms based in these states **may be considered** for certification through the State of Indiana's Department of Supplier Diversity. Please select your state using the magnifying glass below.

IN Indiana

Is your Business Not-For Profit?

Yes No
Terms Accepted - Yes

How were you referred to us?

IMSDC City of Indianapolis WBEC-GL INDOT MWBE Event Other

Application Navigation – Save and Check for Errors

There are multiples ways to move through the application sections. Each section of the application has a Tab at the top of the page that can be clicked to go directly to that section. There are Prev and Next buttons that can be used to move back and forth between sections. There are also hyperlinks at the bottom of each page that will take you directly to each section. The application can be saved, and should be frequently. Click the Save button. The Check For Errors button can be clicked anytime while completing the application. Application FAQs – Click this hyperlink to find Frequently Ask Questions and the corresponding answers.

The screenshot displays the 'Supplier Diversity Application' interface. At the top, there is a dark blue header with a navigation bar containing the following tabs: '< Supplier Secure Home Page', 'Supplier Diversity Application', 'General Information', 'Ownership', 'Management', 'Personnel', 'Resources and Suppliers', 'Financial Information', 'Authorized Signatories', 'UNSPSC', and 'Application Signature'. The 'General Information' tab is currently selected and highlighted in green. Below the header, the page content includes the text 'Division of Supplier Diversity' and 'e-Certification Application' in blue. To the right, there is a blue hyperlink for 'Application FAQs'. Three buttons are visible: 'Save', 'Next', and 'Check For Errors'. On the left side, there are two rows of application details: 'Bidder Registration Number' with the value '0000052953' and 'ACME Restorations', and 'Federal Identification Number' with the value '555669876'.

Check For Errors

This button can be clicked anytime. It will display all missing required information in each section. The application cannot be submitted and sent to DSD without correcting all errors.

DSD App Errors ×

The following errors have been found. Each error or missing information must be corrected prior to submitting the application.

☰Q1-79 of 79▶▶

	Section	Question	Problem
1	General Information	Mailing Address	Mailing Address Line 1 is missing
2	General Information	Mailing Address	City is missing
3	General Information	Mailing Address	County is missing
4	General Information	Mailing Address	State is missing
5	General Information	Mailing Address	Zip Code is missing
6	General Information	Contact Information	Title/Prefix is missing
7	General Information	Type of Firm Attachment	Missing Attachment Original and amended bylaws
8	General Information	Type of Firm Attachment	Missing Attachment Bank signature card or corporation bank resolution
9	General Information	Type of Firm Attachment	Missing Attachment Provide Board, Stockholders, or Business meeting minutes from the last 3 years.
10	General Information	Type of Firm Attachment	Missing Attachment Double sided stock certificates
11	General Information	Type of Firm Attachment	Missing Attachment Stock ledger

Application FAQs

The [Application FAQs](#) hyperlink will provide a list of frequently asked questions and answers. This list will can be added to via the MBE Administration pages

DSD Application FAQs

Application Frequently Asked Questions

Answer	Question
Answer	What can I do if none of the FAQs help answer my question?
Answer	What should I do if a new owner has been added to the company?
Answer	What documents are required to prove US citizenship?

You can email your question to the Department of Supplier Diversity.

[Return](#)

General Information (Continued) Company Name, Address, and Contact are copied in from the Bidder Registration.

Company Name and Address

Authorized Name of Firm ACME Restorations		Company DBA Name	
Street Address of Firm (No PO Box Numbers) 210 Foxhollow Court Apt 1B		Property Lease Information If applicable, attach lease documentation	
City Indianapolis	County Marion	State IN	Zip Code 46220

Mailing Address the Same?

Yes No

Primary Contact (may not be owner)

<input type="checkbox"/>	First Name James	Middle	Last Name Smith
Phone Number 317/222-1234	Extension	Fax Number	E-mail Address mwalker@iot.in.gov
Business website address			

General Information (Continued)

Mailing Address the Same? Answering No will require entry of a mailing address. This question must be answered Yes or No

Company Name and Address

Authorized Name of Firm ACME Restorations	Company DBA Name		
Street Address of Firm (No PO Box Numbers) 210 Foxhollow Court Apt 1B	Property Lease Information If applicable, attach lease documentation		
City Indianapolis	County Marion	State IN	Zip Code 46220

Mailing Address the Same?

Yes No

Mailing Address			
City	County (Not Required)	State	Zip Code

Primary Contact (may not be owner)

<input type="checkbox"/>	First Name James	Middle	Last Name Smith
Phone Number 317/222-1234	Extension	Fax Number	E-mail Address mwalker@iot.in.gov
Business website address			

General Information (Continued) Type of Firm

Specific attachments will be required based on the type of firm selected. Click the Add Attachments hyperlink to upload electronic documentation for each required section. Full-time workforce, Date business established, and Date owner purchased majority of firm are also required.

Type of Firm

CORP Corporation

Attachment Description	Attachment Required	Add Attachments
1 Original and amended articles of incorporation with filing certificate and state seal	Yes	Add Attachments
2 Original and amended bylaws	Yes	Add Attachments
3 Bank signature card or corporation bank resolution	Yes	Add Attachments
4 Provide Board, Stockholders, or Business meeting minutes from the last 3 years. If you do not have meeting minutes, provide a notarized statement with explanation why there are no meeting minutes.	Yes	Add Attachments
5 Double sided stock certificates	Yes	Add Attachments
6 Stock ledger	Yes	Add Attachments
7 Documentation of all stock purchases or transfers	Yes	Add Attachments
8 Prior year corporate taxes with all schedules for all owners, form 1120 or form 1120 with K1s	Yes	Add Attachments
9 All owners prior year personal taxes	Yes	Add Attachments

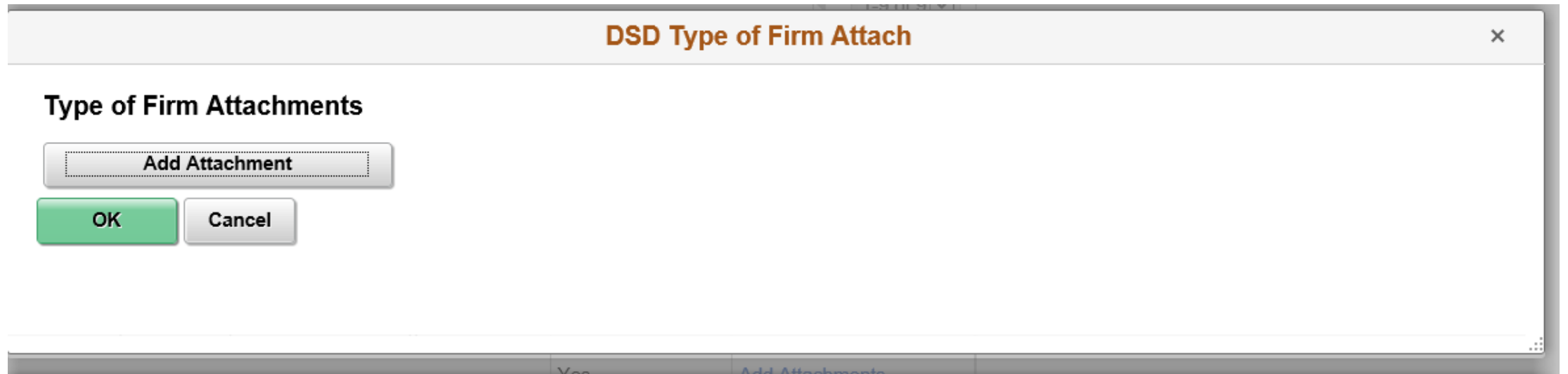
Total number of the firm's annual full-time work force?

Date business was established

Date current owner(s) purchased the majority ownership of the firm

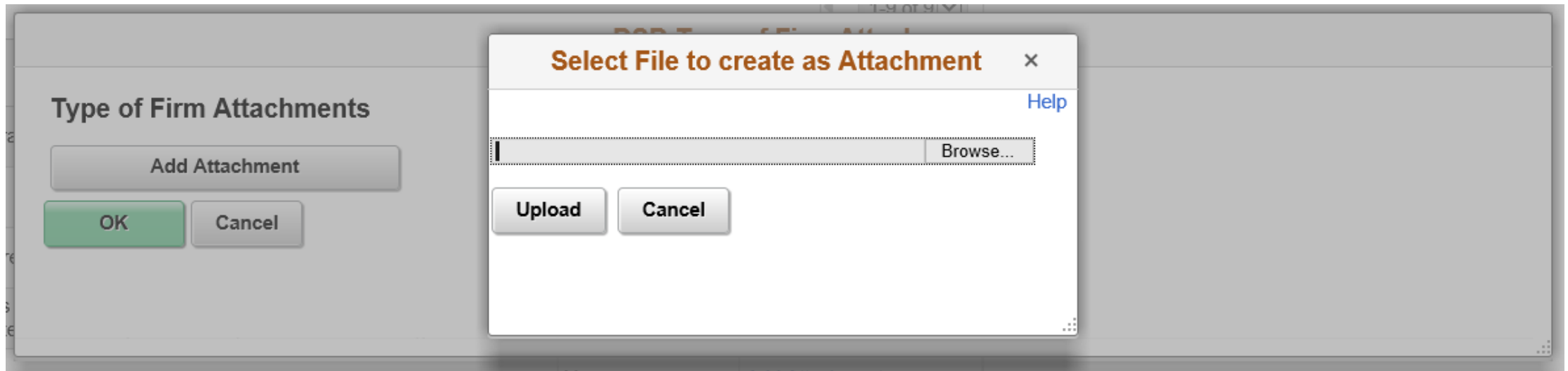
Attachments – All sections of the application.

Attachment links are indicated by a blue hyperlink. This is true throughout the entire application and will function in the following manner.



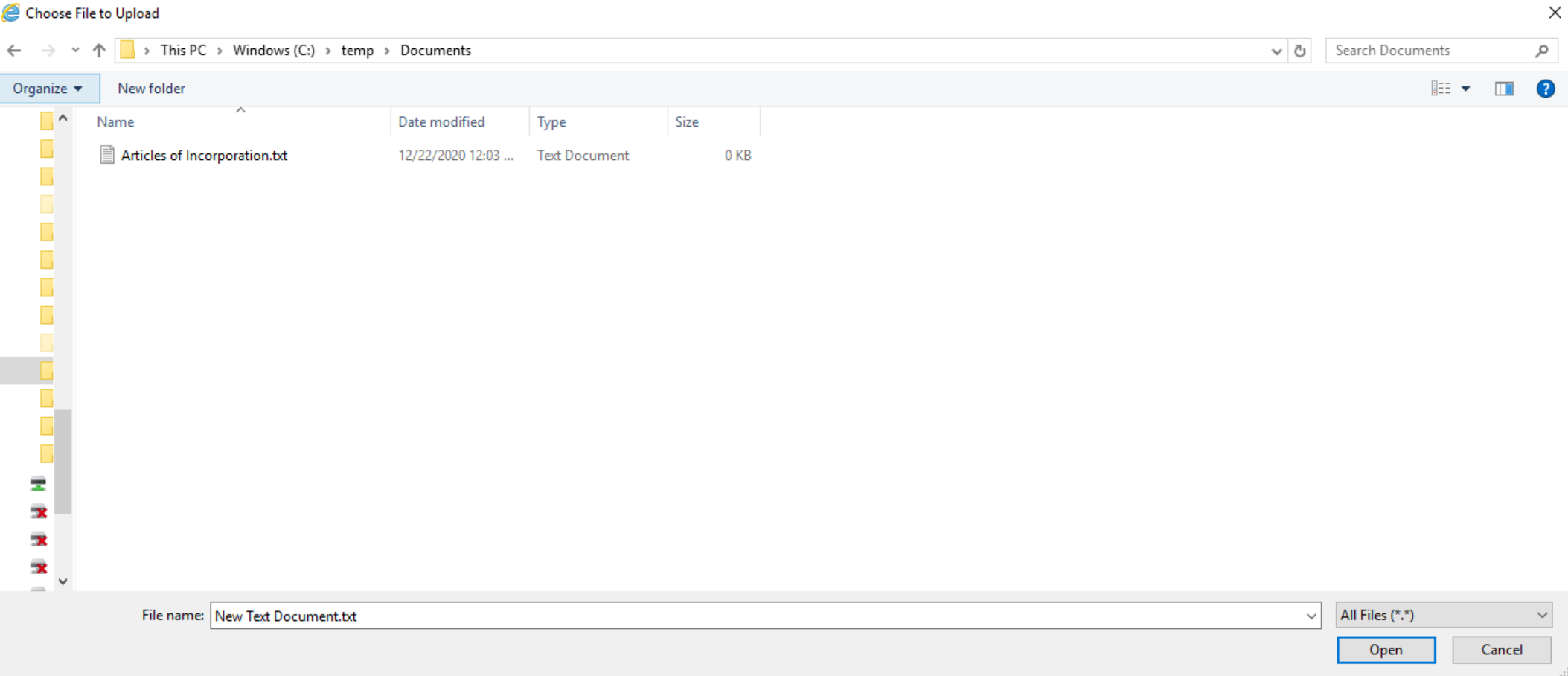
Attachments (Continued)

After clicking on the Add Attachment button, a dialogue box will display allowing the user to browse to a file folder on their computer in order to select the file they wish to attach. Click Browse button.



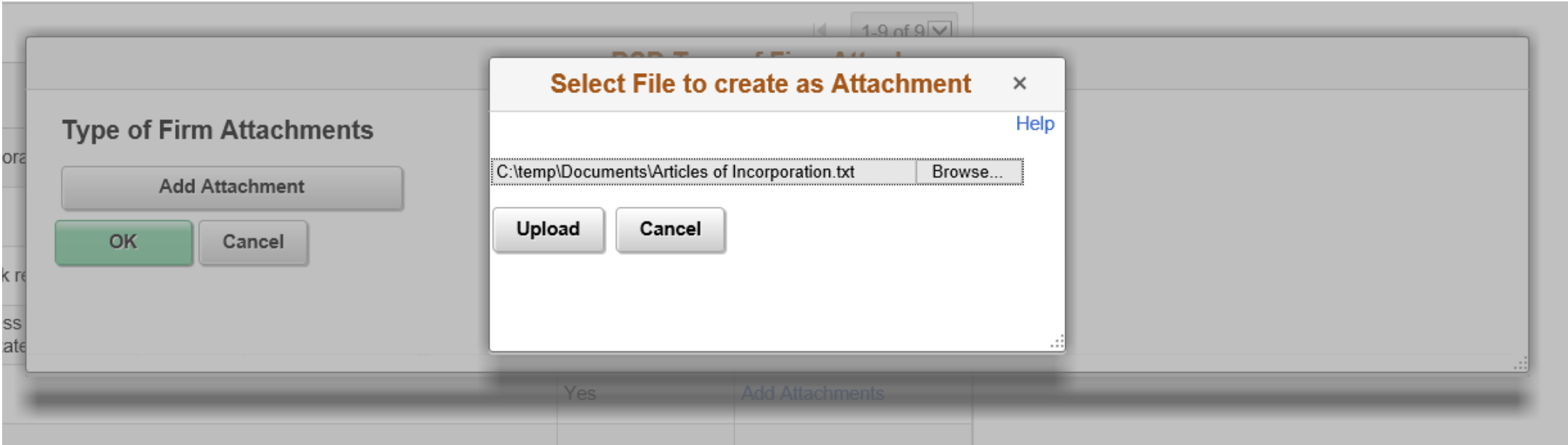
Attachments (Continued)

Click file name, then click Open.



Attachments (Continued)

Click the Upload button.



Attachments (Continued)

An Attachment Description (Optional) can be entered. Click OK to complete the attachment process.

DSD Type of Firm Attach ×

Type of Firm Attachments

Add Attachment

Attachments

Attached File	Attachment Description		
1 Articles_of_Incorporation.txt	<input type="text"/>	View	Delete

OK **Cancel**

Attachments (Continued)

Once the attachment is upload, the blue attachment hyperlink label will be changed to Add/View Attachments along with a counter in parenthesis indicating how many attachments have been uploaded.

Type of Firm

CORP  Corporation

	Attachment Description	Attachment Required	Add/View Attachments (1)
1	Original and amended articles of incorporation with filing certificate and state seal	Yes	Add/View Attachments (1)
2	Original and amended bylaws	Yes	Add Attachments
3	Bank signature card or corporation bank resolution	Yes	Add Attachments
4	Provide Board, Stockholders, or Business meeting minutes from the last 3 years. If you do not have meeting minutes, provide a notarized statement with explanation why there are no meeting minutes.	Yes	Add Attachments
5	Double sided stock certificates	Yes	Add Attachments
6	Stock ledger	Yes	Add Attachments
7	Documentation of all stock purchases or transfers	Yes	Add Attachments
8	Prior year corporate taxes with all schedules for all owners, form 1120 or form 1120 with K1s	Yes	Add Attachments
9	All owners prior year personal taxes	Yes	Add Attachments


General Information (Continued)

Has your company applied for certification in the past? Answering Yes will prompt for Company Name and Date Applied (Add as many as necessary using the [Add](#) hyperlink).

Has your company applied for certification in the past?

No Yes

List the names that have been used previously

	Company Name	Date Applied		
1	<input type="text"/>	<input type="text"/> 	Add	Delete

General Information (Continued)

Is this firm currently certified as a DBE, MBE, WBE, or Veteran by any other federal, state (other than Indiana), or local agency? Answering Yes will require user to upload electronic copies of those current certifications.

Is this firm currently certified as a DBE, MBE, WBE, or Veteran by any other federal, state (other than Indiana), or local agency?

No Yes

[Attach copy of current certifications \(Required\)](#)

General Information (Continued)

Are you an out of state (not Indiana) firm? Answering Yes will require Out of State certifications be attached and also be prompted to answer on-site visit question.

Are you an out of state (not Indiana) firm?

No Yes

[Attach Out of State Certifications \(Required\)](#)

Has this firm's home state conducted an on-site visit within the last 3 years?

No Yes

General Information (Continued)

Has the firm's home state conducted an on-site visit within the last 3 years? Answering No will prompt for a Reason On-Site Visit Not Performed

Are you an out of state (not Indiana) firm?

No Yes

[Attach Out of State Certifications \(Required\)](#)

Has this firm's home state conducted an on-site visit within the last 3 years?

No Yes

Reason On-Site Visit Not Performed



General Information (Continued)

Has the firm's home state conducted an on-site visit within the last 3 years? Answering Yes will prompt for Date of Visit (If Known)

Are you an out of state (not Indiana) firm?


No Yes

[Attach Out of State Certifications \(Required\)](#)

Has this firm's home state conducted an on-site visit within the last 3 years?

No Yes

Date of Visit (If Known)



General Information (Continued)

Veteran Only – Is your principal place of business in the State of Indiana? Answering No will require answering number of Indiana Employees 25 IAC 9-2-1(14)

Is your principal place of business in the State of Indiana?

No Yes

Number of Indiana Employees 25 IAC 9-2-1(14) 

Ownership

Enter all owners of the business. Click Add to add additional owners. Attachments are required for each owner. Click the Attach Resume, Driver's License, Birth Certificate to upload the necessary documents. If selecting Ethnic Group of Other, please Attach Supporting Documents (Not Required).

Supplier Secure Home Page		Supplier Diversity Application					
General Information	Ownership	Management	Personnel	Resources and Suppliers	Financial Information	Authorized Signatories	UNSPSC

Division of Supplier Diversity
e-Certification Application

Bidder Registration Number 0000052953 ACME Restorations
Federal Identification Number 555669876

[Save](#) [Prev](#) [Next](#)
[Check For Errors](#)

Identify all individuals and list their cash, equipment and/or real estate investments in the firm.

Owners							1 of 1	View All
Company Name							Add Delete	
Attach Resume, Driver's License, Birth Certificate								
First Name	Middle	Last Name	Phone Number	Extension				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Business Address			City	State	Zip Code			
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>			
Gender			Ethnic Group				Attach Supporting Documents	
<input type="text"/>			<input type="text"/>					
Time Owned	Months/Years	Percentage Owned					Initial investment to acquire ownership interest in firm:	
<input type="text"/>	<input type="text"/>	<input type="text"/>					Type	Dollar Value
							Dollars	<input type="text"/>
							Real Estate	<input type="text"/>
							Equipment	<input type="text"/>
Example 60.00 = 60%								
Are you drawing a salary?								
<input type="radio"/> Yes <input checked="" type="radio"/> No								

Ownership (Continued)

Initial investment to acquire ownership interest in firm. This section is not required. However, if any amount is entered, that Type will require documentation be attached.

Initial investment to acquire ownership interest in firm:

Type	Dollar Value	
Dollars	<input type="text" value="\$100.00"/>	Attachments Required
Real Estate	<input type="text" value="\$100.00"/>	Attachments Required
Equipment	<input type="text" value="\$100.00"/>	Attachments Required

Ownership (Continued)

Are you drawing a salary? Answering Yes will prompt for an Annual Salary to be entered.

Are you drawing a salary?

Yes No

Please enter annual salary

Ownership (Continued)

Veteran Only – Are you a veteran as defined by IC 5-22-14-3.2? Answering Yes to this question will require selecting the Branch of Service and entering the Dates of Service. Also, a DD214, NGB-22, or NGB-23 will be a required attachment.

Are you a veteran as defined by IC 5-22-14-3.2?

Yes No

Branch of Service

Date of Service From

To

[Attach DD214, NGB-22 or NGB-23](#)

Management

Identify all officers, board of directors, and management. Click the Add hyperlink to add additional lines. If entering an individual that was previously entered as an Owner, click the checkbox indicating so. If multiple owners have been entered, a selection box will display allowing the user to select which owner. If just one previously entered owner exists, that owner will auto-populate the name.

The screenshot displays the 'Supplier Diversity Application' interface, specifically the 'Management' tab. The page includes navigation tabs for 'General Information', 'Ownership', 'Management', 'Personnel', 'Resources and Suppliers', 'Financial Information', 'Authorized Signatories', and 'UNSPSC'. The 'Management' section is titled 'Division of Supplier Diversity e-Certification Application' and contains fields for 'Bidder Registration Number' (0000052953) and 'Federal Identification Number' (555669876). Below these fields are buttons for 'Save', 'Prev', 'Next', and 'Check For Errors'. A blue link instructs users to identify officers and board of directors, with a note that work experience resumes must be attached and a checkbox for 'previously entered as owner'. A table with one row is visible, showing an 'Officer' position with a checked 'previously entered as owner' box. A modal window titled 'Owner Selection' is open, prompting the user to 'Select owner for this position'. The modal contains a table with two entries: Tonya Smith and James Smith, each with a 'Select' button.

Officer or Board of Director	Check here if already identified as owner	First Name	Middle Name	Last Name	Title	Ethnic Group	Gender	Check here if annual salary is drawn	Date Appointed	Attach Resume		
1 Officer	<input checked="" type="checkbox"/>							<input type="checkbox"/>		Attach Resume (Required)	Add	Delete

Select	First Name	Middle Name	Last Name
Select	Tonya		Smith
Select	James		Smith

Management (Continued)

Selecting a previously entered owner will auto-populate the management line. All that remains required will be the Title and Date Appointed.

Supplier Diversity Application

Supplier Secure Home Page | General Information | Ownership | **Management** | Personnel | Resources and Suppliers | Financial Information | Authorized Signatories | UNSPSC

Division of Supplier Diversity
e-Certification Application

Bidder Registration Number 0000052953 ACME Restorations
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Save Prev Next
Check For Errors

Identify officers and Board of Directors (work experience resumes of each person must be attached). [If previously entered as owner, please check the box already identified as owner.](#)

Officer or Board of Director	Check here if already identified as owner	First Name	Middle Name	Last Name	Title	Date Appointed		
1 Officer	<input checked="" type="checkbox"/>	Tonya		Smith			Add	Delete

Management (Continued)

If a non-owner is entered, all information will be required. Checking if salary is drawn, you must also enter an annual salary amount.

[Supplier Secure Home Page](#) **Supplier Diversity Application**  

General Information | Ownership | **Management** | Personnel | Resources and Suppliers | Financial Information | Authorized Signatories | UNSPSC >

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Identify officers and Board of Directors (work experience resumes of each person must be attached). [If previously entered as owner, please check the box already identified as owner.](#)

	Officer or Board of Director	Check here if already identified as owner	First Name	Middle Name	Last Name	Title	Ethnic Group	Gender	Check here if annual salary is drawn	Date Appointed	Attach Resume		
1	Officer <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Attach Resume (Required)	Add	Delete

[General Information](#) | [Ownership](#) | [Management](#) | [Personnel](#) | [Resources and Suppliers](#) | [Financial Information](#) | [Authorized Signatories](#) | [UNSPSC](#) | [Application Signature](#)

Personnel

This section has 9 separate required areas. Multiple individuals can be added for each area using the [Add Another Person](#) hyperlink. As with the Management Section, use the Identified Owner checkbox to select the owner that fills each of the separate areas. If entering a new individual (not previously identified as owner), First Name, Last Name, Title, Gender, and Ethnic Group will be required. A resume of this individual will also be required – using the [Attach Personnel Resume](#) hyperlink.

Supplier Secure Home Page **Contract Signature Authority** 

General Information | Ownership | Management | **Personnel** | Resources and Suppliers | Financial Information | Authorized Signatories | UNSPSC >

Division of Supplier Diversity [Application FAQs](#)

[Save](#) [Prev](#) [Next](#)

[Check For Errors](#)


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[Indicate management personnel who control the firm in the areas of Financial Decisions \(responsibility for check signing, acquisition of lines of credit, surety bonding, supplies, etc.\), Estimating, Hiring/firing of Management Personnel, Field/Production Operations Supervisor, Field Supervisors, Contract signature authority \(contract execution, bid submission\), Office Management, Marketing/Sales, Purchasing of major equipment. If the job function is performed by a previously identified owner, please click the owner checkbox to auto-populate the owner, or select from list of owners previously entered.](#)

Personnel Information

Contract Signature Authority

Contract Signature Authority (contract execution, bid submission)

1 of 1  View All

Check here if already identified as owner [Add Another Person](#) [Delete This Person](#)

First Name Middle Name Last Name [Attach Personnel Resume](#)

Title Gender Ethnic Group

Manage Other Business

Yes No

Own Other Business

Yes No

Personnel (Continued)

Manage Other Business – Answer Yes to this question will require Title, Business Name, and Function performed.

Manage Other Business

Yes No

Title

Business Name

Function

Personnel (Continued)

Own Other Business – Answering Yes to this question will require Business Name and Business Relationship

Own Other Business

Yes

No

Business Name

Business Relationship

Resources and Suppliers

If applicable, identify Attorneys and Principal Suppliers, along with the Materials or Equipment supplied to the company by the Principal Suppliers. Multiple entries for each section can be added using the Add hyperlink.

[Supplier Secure Home Page](#) **Supplier Diversity Application**

General Information | Ownership | Management | Personnel | **Resources and Suppliers** | Financial Information | Authorized Signatories | UNSPSC | >

Division of Supplier Diversity [Application FAQs](#)

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[Save](#) [Prev](#) [Next](#)

[Check For Errors](#)

If applicable, identify persons or firms who provide the Attorney or Principal Supplier services

Attorneys

1 of 1 | View All

[Add Delete](#)

Name of Firm

First Name Middle Last Name Phone Number Extension

Address City State Zip Code

Principal Suppliers

1 of 1 | View All

[Add Delete](#)

Company Name

First Name Middle Last Name Phone Number Extension

Address City State Zip Code

Materials or Equipment Supplied

1-1 of 1

Select Type of Material or Equipment	Add Attachments		
1 <input type="text"/>	Attach Material/Equipment Documents	Add	Delete

Financial Information

Various areas are required in this section. The first area is Banking Information, this is required information.

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Provide the following banking information

Name of Bank

Name of Officer

First Name **Middle Name** **Last Name**

Address

City **State** **Zip Code** **Phone Number** **Ext**

Financial Information (Continued)

Bonding Capacity – This question must be answered. If answering Yes, Agent or Broker information must be entered.

Does Your Company Have Bonding Capacity?

Yes No

Please provide agent/broker, bonding limit and/or insurance declaration page

Name of Agent or Broker

First Name

Middle Name

Last Name

Address

City

State



Zip Code

Phone Number

Ext

Bonding Limit

[Attach Insurance Declaration Page](#)

Financial Information (Continued)

Year-end Balance Sheet – If applicable, use the [Attach Year-end Balance Sheet](#) hyperlink to upload those documents

If applicable, provide copies of yearend balance sheet and profit and loss (income) statements for the last three (3) years, or if a new business, provide a current balance sheet, a projected profit and loss statement for the next twelve (12) month period and a projected balance sheet for the end of that period.

[Attach Year-end Balance Sheet](#)

Financial Information (Continued)

Outstanding loans – Question must be answered. If answering Yes, Loan Agreement information must be entered.

Does the company have outstanding loans?

Yes No

Identify all sources, amount and purposes of money loaned to the firm, including name of person securing the loan, if other than owner. Attach copies of all loan agreements.

Loan Agreements 1 of 1

[Add](#) [Delete](#)

Name of Source

Address

City State Zip Code

Amount

[Attach Loan Agreements](#)

Financial Information (Continued)

Professional Licenses – Question must be answered. Answering Yes will require Current License information along with uploading a copy of that license.

Does the company currently hold professional licenses?

Yes No

Current licenses (e.g. contractor, engineer, architect, ICC, etc.)


Current Licenses Q | ◀ ▶ 1 of 1 ▶ ▶ | [View All](#)

[Add](#) [Delete](#)

Name of Firm

Or Individual

First Name **Middle Name** **Last Name**

Name of License **Date of Expiration**  **License Number** [Attach License](#)

Financial Information (Continued)

Denied/Decertified certifications – This question must be answered. When answering Yes, State, Name of Agency, Date, and an uploaded copy of the Denied Certificate must be attached.

Has this firm or any of its owners, Board of Directors, officers or management personnel been denied or decertified DBE, MBE, WBE or IVOSB certification before by any agency or any state?

Yes No

Please complete below information for denied certifications

	State	Name of Agency	Date	Add Attachments		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Attach Denied Certificates	Add	Delete

Financial Information (Continued)

Gross Receipts for past 3 years – If applicable

If applicable, specify the gross receipts of the firm for the last three (3) years.

Year Ending	<input type="text"/>	Total Receipts	<input type="text"/>
Year Ending	<input type="text"/>	Total Receipts	<input type="text"/>
Year Ending	<input type="text"/>	Total Receipts	<input type="text"/>

Financial Information (Continued)

Required - List 3 current and/or closed contracts/sales agreements/Purchase Orders. Selecting Contract will require entry of the contract information.

List 3 current and/or closed contracts/sales agreements/Purchase Orders this business is working or has worked on. If no contracts or invoices can be reported, please select Notarized Statement and attach that documentation based on the following Department policy:

You must provide a notarized statement with an explanation why you do not have proof that you have performed the services you are seeking certification for.

25 IAC 6-3-6(e)(2) state: The Department may waive the two (2) years in business requirement if one of the following conditions is met:

- (A) The qualifying member or members have demonstrated management experience.
- (B) The qualifying member or members have demonstrated technical experience to carry out the type of business for which certification is sought.
- (C) The qualifying member has a record of successful performance on contracts from governmental or nongovernmental sources in its primary area of certification.
- (D) The applicant for certification is an MBE or WBE and has demonstrated, or can demonstrate, its ability to timely obtain the personnel, facilities, equipment, and any other requirements needed to perform contracts.

Current/Closed Contracts and/or Invoices 1 of 1 [View All](#)

Contract, Invoice, or Notarized Statement [Add](#) [Delete](#)

Name of Prime Contractor

Project Number - If unknown, enter N/A

Project Name

Location of Project

City State

Project Dates

Start Date Completion Date

Financial Information (Continued)

Required - List 3 current and/or closed contracts/sales agreements/Purchase Orders. Selecting Invoice or Notarized Statement will require uploading the document using the [Attachments Required](#) hyperlink.

List 3 current and/or closed contracts/sales agreements/Purchase Orders this business is working or has worked on. If no contracts or invoices can be reported, please select Notarized Statement and attach that documentation based on the following Department policy:

**You must provide a notarized statement with an explanation why you do not have proof that you have performed the services you are seeking certification for.
25 IAC 5-3-6(e)(2) state: The Department may waive the two (2) years in business requirement if one of the following conditions is met:**

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- (D) The applicant for certification is an MBE or WBE and has demonstrated, or can demonstrate, its ability to timely obtain the personnel, facilities, equipment, and any other requirements needed to perform contracts.

Current/Closed Contracts and/or Invoices Q | << < 1 of 1 > >> | View All

Contract, Invoice, or Notarized Statement [Add](#) [Delete](#)

Notarized Statement

Invoice/billing mechanism & Proof of Payment Documentation or Notarized Statement

[Attachments Required](#)

Authorized Signatories

This information is required – First Name, Last Name, and Title. Use the [Add](#) hyperlink to add additional individuals with Signature ability.

[Supplier Secure Home Page](#) **Supplier Diversity Application**

General Information | Ownership | Management | Personnel | Resources and Suppliers | Financial Information | **Authorized Signatories** | UNSPSC | Application Signature

Division of Supplier Diversity
e-Certification Application

[Application FAQs](#)

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All partners must sign contracts **unless** a power of attorney is supplied modifying this. In the case of a corporation, only those signatures listed will be accepted. For a not-for-profit organization, the highest-ranking officer's signature is needed. The following persons are duly authorized to execute contracts and related documents on behalf of business.

Identify All Who Have Signature Authority

	First Name	Middle Name	Last Name	Title		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add	Delete

UNSPSC

This section has multiple required areas. At least one UNSPSC area must be entered – (1) Select UNSPSC from available codes (2) Enter UNSPSC code from UNSPSC.org that does show in the available list (3) Enter description of the service you offer

[< Supplier Secure Home Page](#) **Supplier Diversity Application**

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[UNSPSC.org Search](#)

Select From Available UNSPSC Codes

UNSPSC Code	Description		
1 <input type="text"/>		Add	Delete

Enter Other UNSPSC Codes from UNSPSC.org

UNSPSC Code	Description		
1 <input type="text"/>	<input type="text"/>	Add	Delete

Describe service you offer that you cannot find a code for

UNSPSC (Continued)

Required to register with Secretary of State's Office? This question must be answered. When answering Yes, use the [Attach Secretary of State Registration](#) hyperlink to upload copy of that document.

Is your business required to register with the Indiana Secretary of State's Office?

Yes No

[Attach Secretary of State Registration](#)

UNSPSC (Continued)

Required - Type of Business – Select the type of business that best identifies your company. Click the magnifying glass to select (Construction, Goods/Services, Professional Services, Other). Use the Add hyperlink to add multiple business types.

Type of Business

Type of Business				
				1-1 of 1 
	Business Type	Description		
1	CST 	Construction	Add	Delete

The following types of businesses will require an on-site visit by DSD. During the certification process, DSD will contact you to schedule that visit.

Construction

Goods/Services (Supplies)

UNSPSC (Continued)

Are you a Supplier or Distributor question must be answered. When answering Yes, the following additional information will be required.

Are you a Supplier or Distributor?

Yes No

If you are a supplier/distributor, please address the following:

How large of an inventory do you maintain?

Do you own the inventory?

Yes No

Where do you maintain your inventory?

From where do you purchase your inventory?

What type of delivery system do you use?

UNSPSC (Continued)

Does any principal in your firm, or the spouse of any principal, owe any money to the firm? This question must be answered. When answering Yes, an explanation must be entered.

Does any principal in your firm, or the spouse of any principal, owe any money to the firm?

Yes No

Please explain

Application Signature

Required – First Name, Last Name, and Signed Date. This is the final section of the application. All Errors must be corrected prior to submitting the application. When no errors exist, the Agreement checkbox will be available and the Submit button will allow the applicant to submit the application.

[Supplier Secure Home Page](#) By checking this box, you agree:

[Ownership](#) | [Management](#) | [Personnel](#) | [Resources and Suppliers](#) | [Financial Information](#) | [Authorized Signatories](#) | [UNSPSC](#) | **Application Signature**

Division of Supplier Diversity [Application FAQs](#)

e-Certification Application

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Signature (name) of highest qualifying member

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed Date <input type="text"/>		

By checking this box, you agree:

The undersigned swears or affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of (company name) as well as the ownership thereof. Any misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

RAJr
[General Information](#) | [Ownership](#) | [Management](#) | [Personnel](#) | [Resources and Suppliers](#) | [Financial Information](#) | [Authorized Signatories](#) | [UNSPSC](#) | [Application Signature](#)