NORTHWEST INDIANA REGIONAL DEVELOPMENT AUTHORITY

SELF CERTIFICATION FORM
(Minority and Woman Business Enterprises – M/WBE)

All of the information provided in SECTION 1 will be included in the RDA M/WBE Database which may be shared on the RDA's website to assist grantees in locating M/WBE firms that are interested in working on RDA grant funded projects unless you indicate otherwise in SECTION 4.

Instructions for completing this form: Click on the shaded box within each section and enter/type the appropriate information for your company. For check boxes, double click the appropriate box and under default value, select checked. When you are finished, save the form as a Word file using the following format to name it: your company name with SCF (i.e., SLMConsultingSCF). You should then print the form, sign the last page and return it to the appropriate parties via regular mail or scan and email.

<table>
<thead>
<tr>
<th>SECTION 1 – General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Firm (Print)</td>
</tr>
<tr>
<td>Street Address (City, State)</td>
</tr>
<tr>
<td>Mailing Address (City, State)</td>
</tr>
<tr>
<td>(Area Code) Phone No.</td>
</tr>
</tbody>
</table>

Is your main office located in Indiana? ☐ Yes ☐ No If Yes, County: ☐ Lake ☐ La Porte ☐ Porter ☐ Other ________

Business Entity Status: ☐ MBE ☐ WBE

MBE: A Minority Business Enterprise (MBE) is a business which is at least 51% owned and whose management and daily business operations are controlled by one or more minorities who are citizens or lawful permanent residents of the United States and a member of a recognized ethnic or racial group. The management operations and control must be substantial, real, and on-going on a regular basis.

WBE: A Women Business Enterprise (WBE) is a business entity at least 51% owned and whose management and daily business operations are controlled by one or more women who are citizens or lawful permanent residents of the United States. The management operations and control must be real, substantial and on-going on a regular basis.

Ethnicity of Owner(s) ☐ White ☐ Black ☐ Hispanic ☐ Other ______________________

<table>
<thead>
<tr>
<th>SECTION 2 – Certification Status</th>
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</thead>
<tbody>
<tr>
<td>Check Appropriate Box:</td>
</tr>
<tr>
<td>☐ Construction ☐ Vendor/Supplies ☐ Consultant/Service Provider ☐ Other</td>
</tr>
</tbody>
</table>

Are you certified with any other agencies: ☐ Yes ☐ No
If yes, please list:

Is your firm 51% owned and managed by one or more minority owners? ☐ Yes ☐ No

Is your firm 51% owned and managed by one or more women owners? ☐ Yes ☐ No

Are the owner’s citizens or lawful permanent residents of the U.S.? ☐ Yes ☐ No
### SECTION 3 - Work Conducted by Firm (describe what your firm does)

<table>
<thead>
<tr>
<th>Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor/Supplies</td>
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<tr>
<td>Consultant/Service Provider</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

### SECTION 4 - Acknowledgment of Publication

The undersigned acknowledges and agrees that the non-statistical information provided in SECTION 1 may be published on the RDA website and M/WBE Directory, which may be shared with grantees, consultants, RDA board members, general public and others in both electronic and paper formats, unless exceptions are noted below.

- [ ] I agree to publication of all SECTION 1 information
- [ ] I do not agree to publication of the following (check all that apply)
  - [ ] Street Address
  - [ ] Phone Number
  - [ ] Email Address
  - [ ] Mailing Address
  - [ ] Business Entity Status

### SECTION 5 - Certification of Ownership

The undersigned is authorized to execute this Self Certification form on behalf of:

(Name of Firm)

Street Address (City, State, Zip Code)

Name(s) of Owner(s)

And swears under penalty of perjury that our firm meets the definition of MBE and/or WBE as set forth above and that all information contained in this form is true and correct. Any material misrepresentation will be grounds for terminating any purchase orders or contracts which may be or have been awarded.

Signed in (City, County, State)

On (MM/DD/YYYY)

By: (Print Name) (Title)

Signature ____________________________ (Area Code) Phone No.

Return this self-certification form to the Grantee/Contractor/Organization who sent this form to you or to:

Northwest Indiana Regional Development Authority
c/o Sherri Ziller
9800 Connecticut Drive
Crown Point, IN 46307