




**PHRONESIS GROUP
CONSULTING
CONSULTATION CHECK LIST GUIDE**

Supporting Documents Checklist

DOCUMENTS TO ATTACH TO YOUR COMPLETED APPLICATION <i>Please check (✓) each item as completed and submit along with completed application and checklist</i>									
1. Completed MWBE application									
2. Copy of certification from qualifying organization*									
3. Copy of the Organization Information: a. Sole proprietorship (assumed name documents) b. Partnerships (limited partnership documents; partnership, buy-out, and/or profit sharing agreements; partnership or operating agreement required for businesses with two (2) or more owners, evidencing division of shares and profit distribution) c. Corporations (provide filings in good standing; bylaws; board of directors and/or shareholdings documentation)									
4. Copy of bank signature authorization card, form or letter signed by a bank official at your financial institution identifying the person(s) authorized to sign checks on the business's account (signatory authority)									
5. Copy of Federal Tax Identification Number and Dun & Bradstreet Number (DUNS)									
6. Copy of proof of Arkansas residency (State-issued driver's license or identification card)									
7. Copy of Evidence of United States citizenship or permanent legal resident alien status (United States passport, United States birth certificate, naturalization papers, permanent legal residence alien "green" card, or tribal card)									
8. Copy of resume'(s) of owner(s)									
9. Company overview									
10. Proof of state and federal business tax returns as filed with the internal Revenue Service (IRS federal transcript) and Arkansas Department of Finance and Administration for the previous two (2) years									
11. Copy of Insurance**									
12. Bonding Information**									
13. Copy of each professional license**									
14. Veterans Administration adjudication letter, (if applicant is a service-disabled veteran)									
15. Financial Statements** (i.e. Income Statement, Balance sheet, Cash Flow Statement)									
16. Service Agreements**									
17. Proof of Capital and/or equity**									
18. Business customer references (See page 10 of application)									
19. How did you hear about the Minority Business Enterprise Certification Program? (Check all that apply) <table data-bbox="240 1667 1219 1866" style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Division of Minority and Women-Owned Business website, material or event</td> <td><input type="checkbox"/> Social Media/ Newspaper/Magazine</td> </tr> <tr> <td><input type="checkbox"/> Minority and Women-Owned Business Officer</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Referred by another organization</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Arkansas State Employee</td> <td></td> </tr> </table>	<input type="checkbox"/> Division of Minority and Women-Owned Business website, material or event	<input type="checkbox"/> Social Media/ Newspaper/Magazine	<input type="checkbox"/> Minority and Women-Owned Business Officer	<input type="checkbox"/> Other _____	<input type="checkbox"/> Referred by another organization		<input type="checkbox"/> Arkansas State Employee		
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<input type="checkbox"/> Arkansas State Employee									

Section 1: CERTIFICATION INFORMATION

1. Prior/Other Certifications.

(a) Is your firm currently certified with any of the following organizations? (If Yes, attach a copy of your certification(s)) _____ Yes _____ No	<p style="text-align: center;"><u>Indicate if your firm is seeking certification for:</u></p> <input type="checkbox"/> <i>Procurement Opportunities</i>
	<input type="checkbox"/> <i>Financing/Minority and Women-Owned Business Enterprise Loan Program</i>
<input type="checkbox"/> Southern Region Minority Supplier Development Council	
<input type="checkbox"/> Small Business Administration	
<input type="checkbox"/> Arkansas Department of Transportation	
<input type="checkbox"/> Women's Business Council-Southwest	
<input type="checkbox"/> Department of Veterans Affairs	

Section 2: GENERAL INFORMATION

2. Owner Information.

Owner Name:		Legal name of firm:		
Phone #:	Cell #:	Fax #:		
E-mail:		Web site:		
Street address of firm: (No P.O. Box #)				
Mailing address of firm:	City:	County:	State:	Zip:

3. Business Profile.

Federal Tax ID:	DUNS:
This firm was established on ___/___/_____	I (we) have owned this firm since: ___/___/_____
Did the business exist under a different type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain.	
Method of acquisition (Check all that apply.):	
<input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (Explain.) _____	
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.	
Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7, within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of firm:	
<input type="checkbox"/> Sole proprietorship (Provide a copy of the assumed name certificate or see Road Map for Certification.) <input type="checkbox"/> Partnership (Provide copies of all partnership agreements and the assumed name certificate.) <input type="checkbox"/> Corporation (Provide Articles of Incorporation, copies of the stock certificates (both sides), Stock Transfer Ledger, Shareholders' Agreement, all minutes of the shareholders' meetings and Board of Directors' meetings, the Corporate Bylaws and Bylaw Amendments (if applicable), the Corporate Bank Resolution and Bank Signature Cards.) <input type="checkbox"/> Limited Liability Partnership, Limited Liability Corporation (Provide copies of Operating Agreement) <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other	

Number of employees: Full-time _____ Part-time _____		
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, explain.		
Specify the revenue of the firm for the last 2 years: (Attach copies of full tax returns for each year.)	Year ending _____ Year ending _____	Total receipts \$ _____ Total receipts \$ _____

Section 3: OWNERSHIP

4. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm and attach the documentation of the source of these investments. (Attach work experience resumes of each person. If more than three owners, attach a separate sheet.)

First Person

Name:		Title:		Home Phone #:	
Home Address (street and number):			City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Group (Attach proof of status.): <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of years owned:		Initial investment to acquire ownership interest in firm:	Type	Dollar Value	
Percentage owned:			Cash	\$	
Relationship to other owners:			Real Estate	\$	
			Equipment	\$	
			Other		
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

Second Person

Name:		Title:		Home Phone #:	
Home Address (street and number):			City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Group (Attach proof of status.): <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of years owned:		Initial investment to acquire ownership interest in firm:	Type	Dollar Value	
Percentage owned:			Cash	\$	
Relationship to other owners:			Real Estate	\$	
			Equipment	\$	
			Other		
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

Third Person

Name:		Title:		Home Phone #:	
Home Address (street and number):			City:	State:	Zip:

Section 5: CONTROL

5. Identify Officers & Board of Directors. *(Write N/A, if non-applicable)*

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
	4.			
	5.			
Board of Directors	1.			
	2.			
	3.			
	4.			
	5.			

6. Identify management personnel who control the firm in the following areas. *(Write N/A, If non-applicable)*

	Name	Title	E-Mail	Phone
Financial Decisions <i>(responsible for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)</i>	1. 2.			
Estimating, bidding, and negotiating <i>(cost estimates, bid preparation and submission, negotiations or contract execution)</i>	1. 2.			
Hiring/firing of management personnel	1. 2.			
Field/Production Operations Supervisor <i>(site supervision/scheduling, project management services)</i>	1. 2.			
Office Manager	1. 2.			
Marketing/Sales	1. 2.			
Purchasing of major equipment	1. 2.			

Section 6: AFFILIATION

7. Affiliation with other businesses.

(a) Affiliate companies:											
(b) Do any of the people listed in questions 4, 5 or 6 perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Person: _____ Title: _____ Business: _____ Function: _____											
(c) Do any of the people listed in questions 4, 5 or 6 own or work for other firms that have a business relationship with yours? <i>(e.g., ownership interest, shared office space, financial investments, equipment leases or personnel sharing)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm: _____ Person: _____ Business relationship: _____											
(d) Whether affiliated or not, is the applicant firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment or office staff, with any other business, organization or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm's: _____ Tax ID number: _____ Explain nature of shared facilities: _____											
(e) At present or in the past 5 years:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Has this firm been a subsidiary of any other firm?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm consisted of a partnership in which one or more of the partners are other firms?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has any other firm owned 5% or more of this firm?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm had any subsidiaries?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm owned 5% or more of any other firm?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Has this firm been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any other firm owned 5% or more of this firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm owned 5% or more of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If you answer Yes to any of these questions, identify on a separate piece of paper any relevant names, addresses, dates and explanations.</i>											



