

Application

for

**Certification as
Eligible Recipient of Funds**

under the

Black Business Loan Program

Instructions for Use

Use this form to apply for certification as an eligible recipient of funds under the Black Business Loan Program established by section 288.7102 of the Florida Statutes (2007).

The application and certification process is governed by Rule Chapter 27M-3 of the Florida Administrative Code, which is available at www.flrules.org. As set forth in Rule 27M-3.001, the following definitions apply to the application and certification process.

“Act” means the Florida Black Business Investment Act, Sections 288.7065 to 288.714, F.S.

“Agreement” means the standard “Black Business Loan Program Recipient Agreement” form OTTED 7102-5 (4/08).

“Applicant” means a corporation that seeks certification under Section 288.7102, F.S., as a Recipient of funds to provide loans, loan guarantees, or investments in black business enterprises pursuant to the Act.

“Application” means the standard “Application for Certification as Eligible Recipient of Funds under the Black Business Loan Program” form OTTED 7102-1 (4/08).

“Application Evaluation Form” means the standard “Black Business Loan Program Application Evaluation” form OTTED 7102-2 (4/08).

“Application Period” means the annual period during which Applicants may submit Applications, which shall be July 1 through July 31 (or the next business day) of each year in which there is a legislative appropriation to fund the Program.

“Board” means the Florida Black Business Investment Board, Inc., created by Section 288.707, F.S., whose address is 2019 Centre Pointe Boulevard, Suite 101, Tallahassee, Florida, 32308.

“Certification and Allocation Decision Form” means the standard “Black Business Loan Program Certification and Allocation Decision” form OTTED 7102-4 (4/08).

“Eligible” means that an Applicant has demonstrated satisfaction of each of the requirements specified in s. 288.7102(3), F.S.

“Office” means the Office of Tourism, Trade and Economic Development, whose address is 1902 The Capitol, 402 S. Monroe Street, Tallahassee, Florida, 32399.

“Program” means the Black Business Loan Program established by Section 288.7102, F.S.

“Recipient” means an Applicant that, after a competitive certification process, the Office certifies to receive Program funds and that enters into an Agreement with the Office.

“Summary Ranking and Recommendation Form” means the standard “Black Business Loan Program Summary Ranking and Recommendation” form OTTED 7102-3 (4/08).

Instructions for Preparing the Application

The Office intends these instructions to guide an Applicant in preparing and submitting its Application. For clarity, where reasonably possible the instructions take the active voice and imperative form, addressed to an Applicant. When a sentence lacks a subject, the Applicant is the intended actor. For example, "Prepare the Application..." means "The Applicant shall prepare the Application." In these instructions, the terms "you" or "your" refers to the Applicant.

Prepare the Application using this form, supplemented with the additional information requested in this form. Use 8.5" x 11" sized white paper and a minimum of twelve-point font size. Organize the Application materials behind sequentially numbered tabbed sections as follows, in a three-ring notebook (for more information on submitting the Application, see the instructions on page 5).

The material behind tabs 1-4 is mandatory and will be reviewed on a "pass/fail" basis. An Application missing this required information will be deemed incomplete and ineligible for further evaluation. The Board will not recommend, and the Office will not certify as a Recipient, any Applicant that fails to submit this mandatory material.

<u>Tab Section</u>	<u>Contents</u>
1	<u>Contact Information.</u> In a form substantially similar to Exhibit A hereto, indicate your name and FEID and the name, title, firm name, address, telephone number, facsimile number and email address of all persons whom you wish to receive notices in relation to the Application.
2	<u>Transmittal Letter.</u> In a form substantially similar to Exhibit B hereto, communicate the specified information. Your duly authorized official or representative shall sign the letter in blue ink.
3	<u>Business Status.</u> Document your current registration and authorization to operate as a business in Florida. Obtain this information from the Department of State, Division of Corporations (see www.sunbiz.org).
4	<u>Financial Statements.</u> Include your financial statements for the three (3) most recent fiscal years, audited by a certified public accountant in accordance with Generally Accepted Accounting Principles. If the statements are filed with a public regulatory body and available electronically, provide a link (URL) to the statements in lieu of paper copies. If audited financial statements are not available, include unaudited statements certified as true, correct and complete by your chief financial officer or treasurer, who shall also certify that you do not have audited statements. Financial statements include: opinion letter (auditor's report); balance sheet; income statement; statement of changes in cash flow; and footnotes.
5	<u>Board Experience.</u> Document your Board of Directors' experience with business development. Identify all members of the Board of Directors for the three (3) most recent fiscal years, including each director's term of service, outside affiliations, and state of citizenship. Describe each director's individual experience with business development generally, and specifically the development of black business enterprises. You may include Board members' resumes to summarize information, but ensure that you provide all requested information.
6	<u>Past Performance.</u> Document your past performance under the Program or under similar business development programs. Specifically discuss whether you have previously acted for a Florida public agency to provide loans, loan guarantees, or investments to black business enterprises. Identify <u>all</u> public programs under which you have performed services similar to Recipient services during the past three (3)

calendar years (regardless of whether the past performance was under contract, grant agreement, or otherwise). Describe past performance of outreach and technical assistance efforts, including consulting or direct assistance on borrowers' operational or management issues. Describe and document the number of jobs created or retained as a result of financing provided, and the repayment or return status of financial transactions made or supported by funds provided. Describe your experience with leveraging Program funds to secure additional funds for the benefit of black business enterprises. In a form substantially similar to Exhibit C hereto, provide three (3) references who can speak to your performance during the past three (3) calendar years under programs similar to the Program. If you are a new market entrant and cannot provide references for the company, provide them for your key individual managers. Confirm contact information before providing as a reference; the Office is not responsible for checking with references it cannot easily contact. The Board and Office will use the information you provide and any other recent and relevant information they may obtain from other sources to evaluate the probability of your successful performance if certified as a Recipient.

- 7 Current Business Plan. Document your ability to operate in a manner consistent with the Act. Demonstrate your ability to comply with the terms of the Agreement. Demonstrate the effectiveness of your outreach, marketing, and technical assistance efforts. Demonstrate the soundness of your proposed portfolio and investment strategy. Demonstrate the quality of your administrative and credit review and analysis capacity. Describe your credit/investment decision-making and monitoring policies. Provide current resumes of the key managers and staff responsible for executing your plan.
- 8 Partnerships. Document your ability to work with others to advance the objectives of the Act. Describe past and present partnerships (broadly defined to include affiliations, teaming arrangements, cooperative efforts, etc.) with other entities such as public and private funding sources, economic development agencies or corporations, workforce development networks, and job referral networks. Include any letters of support from current, viable partners. Discuss the nature of current partnerships and explain in detail exactly how you will work with your current partners if you are certified as a Recipient of Program funds.
- 9 Private Cash Match. Document that you have secured from the private sector binding commitments totaling at least twenty percent (20%) of the amount of Program funds requested. Provide binding letters of commitment from the private sources. The match must be in cash (which may include unencumbered retained earnings, i.e., not committed or being held to support loan guarantees), incremental, and not in-kind or prospective.
- 10 Other Information. Include information you deem necessary for the Board to evaluate your Application. This information should be specifically related to the Application or Program; do not include your standard company brochures, awards, licenses or marketing materials. Include here, with full explanation, any qualifications or exceptions you take to the representations and certifications contained in the form Transmittal Letter (Exhibit B hereto). Disclose here the name of any Applicant officer, director, board member, or employee who is also an employee of the State of Florida or any of its agencies or boards. If you claim any exemptions from the public records law, provide the specific statutory authority for such exemption and specifically identify those portions of the Application that you claim are exempt.

THE BOARD AND THE OFFICE WILL REVIEW ALL DATA SUBMITTED AND RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND TO MAKE INDEPENDENT INQUIRIES TO VERIFY THE INFORMATION AND TO OBTAIN ADDITIONAL INFORMATION IF NECESSARY AND APPROPRIATE. RESERVATION OF THIS RIGHT DOES NOT RELIEVE YOU OF THE DUTY TO SUBMIT A COMPLETE APPLICATION.

Instructions for Submitting the Application

Submit the Application during the Application Period. The Board will not accept Applications submitted before or after the Application Period.

Submit one (1) original and three (3) copies of the Application in loose-leaf three rings binders contained in a sealed package. On the outside of the package, clearly mark "APPLICATION FOR CERTIFICATION AS ELIGIBLE RECIPIENT OF FUNDS." Submit the package to:

Florida Black Business Investment Board, Inc.
2019 Centre Pointe Boulevard, Suite 101
Tallahassee, FL 32308

The Board will reject any Application not submitted in the manner specified. The Board reserves the right to accept or reject any and all Applications and to waive any minor irregularity, technicality, or omission if the Board determines that doing so will serve the State's best interests. The Board and Office reserve the right to seek clarifications or request any information deemed necessary for proper evaluation of Applications. Failure to provide requested information may result in rejection of the Application.

Exhibit A – Contact Information

[Include behind Tab 1 of the Application. Repeat individual contact information blocks as desired.]

Name of Applicant: _____

Federal Tax ID No.: _____

Address: _____

Contact Person

Name: _____

Email: _____

Address: _____

Phone: () _____

Fax: () _____

Exhibit B – Transmittal Letter

[Include behind Tab 2 of the Application.]

Applicant: _____

Date: _____

Florida Black Business Investment Board, Inc.
2019 Centre Pointe Boulevard, Suite 101
Tallahassee, FL 32308

Re: Application for Certification as Eligible Recipient of Funds under the Black Business Loan Program

Ladies and Gentlemen:

The undersigned (“Applicant”) submits this application (“Application”) pursuant to Rule 27M-3.002, F.A.C., seeking certification as a recipient of funds under the Black Business Loan Program. Initially capitalized terms not otherwise defined herein shall have the meanings set forth in Rule 27M-3.001.

Applicant seeks certification as a Recipient of \$_____ in Program funds, which we will match with \$_____ in private sector funds. If certified as a Recipient, Applicant intends to service the following area: _____ [*identify each county in the intended area or, if statewide, indicate “statewide”*].

Our Application, submitted in the original and three (3) copies bound in loose-leaf form in three-ring notebooks, consists of the following tabbed sections:

- Tab 1 Contact Information
- Tab 2 Transmittal Letter (this letter)
- Tab 3 Business Status
- Tab 4 Financial Statements
- Tab 5 Board Experience
- Tab 6 Past Performance
- Tab 7 Current Business Plan
- Tab 8 Partnerships
- Tab 9 Private Cash Match
- Tab 10 Other Information

Applicant understands that article 1, section 24, of the Florida Constitution guarantees every person access to all public records, and that section 119.011, F.S., provides a broad definition of public record. As such, the Application is a public record unless exempt by law. If Applicant claims any part of the Application is exempt from the public records law, Applicant has explained the basis for the claimed exemption in the material included behind Tab 10, and Applicant has clearly marked all documents it claims are exempt.

Applicant certifies that it has read and understands the Act and its implementing regulations in Chapter 27M-3 of the Florida Administrative Code, including the form of Agreement. If certified as a Recipient, Applicant hereby agrees to sign and be legally bound by the terms of the Agreement (check one box and initial):

Yes No (initial here: _____)

Applicant understands that the award of financial assistance under the Program is also subject to Chapter 112, F.S., which governs ethics and conflicts of interest. Except as otherwise disclosed and explained in the material included behind Tab 10, Applicant hereby certifies that none of its officers, directors, employees, or agents is employed by the State of Florida or any of its agencies or boards (check one box and initial):

Yes Yes, with qualification in Tab 10 Does not certify (initial here: _____)

Applicant hereby certifies that, within the past three (3) years, neither it nor any affiliate has been placed on the convicted vendor list pursuant to section 287.133, F.S., or on the discriminatory vendor list pursuant to section 287.134, F.S., and further certifies that, except as otherwise disclosed and explained in the material included behind Tab 10, neither the Applicant nor its affiliates, directors, officers, or employees have been or are currently under investigation by any governmental authority and have not been convicted or had a civil judgment rendered against them in any jurisdiction for any act involving or relating to a federal, state, local, or other public contract (check one box and initial):

Yes Yes, with qualification in Tab 10 Does not certify (initial here: _____)

Applicant understands that all information it provides, and representations it makes, are material and important and will be relied upon by the Board and the Office in evaluating the Application, in determining whether to certify the Applicant as a Recipient, and in entering into the Agreement. Applicant understands and agrees that any misstatement shall be treated as fraudulent concealment from the Board and Office of the true facts relating to submission of the Application. A misrepresentation shall be grounds for rejecting the Application and shall be punishable under law, including, but not limited to, Chapter 817 of the Florida Statutes. Applicant hereby certifies that all information included in the Application is true and correct (check one box and initial):

Yes No (initial here: _____)

The undersigned warrants that he or she is duly authorized to submit the Application on behalf of Applicant and to bind Applicant to its terms.

Sincerely,

(Applicant Name)

By: _____
(Signature)

(Type or Print Name)

As: _____
(Type or Print Title)

Exhibit C – Past Performance Reference

[Include behind Tab 6 of the Application. Submit three (3) references. Use a separate form for each reference.]

Applicant Name: _____

If reference is for individual rather than for Applicant, individual name: _____

(1) Program information (name, contract or grant number (if any), term of performance, overall program amount, your program amount):
(2) Awarding authority (i.e., party/agency responsible for awarding contract or grant or administering program) (name, address, phone number):
(3) Other party's contract/grant officer, if applicable (list all if multiple, and dates of service) (name, phone number, email address, and physical address if different from (2)):
(4) Other party's program/project manager (list all if multiple, and dates of service) (name, phone number, email address, and physical address if different from (2)):
(5) Nature of the work you performed under the program, and how it is relevant to the work you will perform if certified as a Recipient under the Program:
(6) Type and extent of any subcontracting, teaming, or other arrangements to deliver service (describe your role, others' roles, and the overall project/program structure):
(7) Significant challenges or weaknesses experienced under the program, and how you approached/overcame them:

(8) Significant successes or innovations achieved under the program:
(9) Other information about this program that is relevant to an assessment of your ability to perform under the Program if certified as a Recipient: