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**HILLSBOROUGH COUNTY  
ECONOMIC DEVELOPMENT DEPARTMENT  
SMALL BUSINESS ENCOURAGEMENT PROGRAM**

**SBE REGISTRATION FACT SHEET**

**PURPOSE:** The intent of the Hillsborough County Small Business Encouragement (SBE) Program is to provide a full opportunity for small businesses to participate in the County's procurement programs which include construction; contractual services; professional consulting services, and commodities.

SBE Program benefits include the following:

1. With respect to Capital Construction projects valued at less than \$500,000 may be set aside for bidding by registered SBE firms only.
2. With respect to contractual services and purchases of commodities, specific procurement activity may be set-aside for bidding by registered SBE firms only.
3. With respect to professional consulting services, design/engineering projects may be set aside for competition among registered SBE consulting firms.
4. Pursuant to authority granted to Hillsborough County by Chapter 2004-414, Laws of Florida, payment and performance bonds may be waived for projects advertised under the SBE Program.
5. When a registered SBE firm is awarded a County project as a PRIME CONTRACTOR, the County may permit the issuance of joint checks for the SBE and his/her primary material supplier(s).
6. A Directory shall be published quarterly which lists all registered SBE firms along with a brief description of services that each firm provides.
7. Periodic seminars and workshops will be conducted regarding procurement opportunities offered by Hillsborough County.

*DO NOT COMPLETE OFFICE USE ONLY*		SERVICE
REG #		
BUS CAT ID		

**MINIMUM ELIGIBILITY  
STANDARDS**

Firms interested in participation in the SBE Program must meet the following minimum standards:

1. A firm's annual gross receipts in professional consulting and contractual services averaged over the previous three year period cannot exceed \$2,000,000, or in commodities the annual gross receipts averaged over the previous three year period cannot exceed \$2,000,000, or in construction the annual gross receipts averaged over the previous three years cannot exceed \$2,000,000; **The \$2,000,000.00 applies to the firm, not the services provided**
2. Each business applying for registration as a SBE must be an independently owned and operated small business which employs twenty-five (25) or fewer permanent full-time employees;
3. The business must be principally domiciled in Hillsborough County; branch offices do not qualify.
4. The business must have been established for a period of one year prior to application, and the business must serve a commercially useful function;
5. Franchises, subsidiaries and affiliates shall not be eligible for this program.

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS AFFIDAVIT:**

1. Prior three years Federal Tax returns, including all schedules;
2. **Resume(s) of all principal(s) and key personnel;**
3. All licenses to do business in Florida and Hillsborough County and/or verification to do business under an assumed name for a sole proprietorship, if required;
4. Documentation to prove that the business is principally domiciled in Hillsborough County, (i.e., utility bill, lease/rental agreement, property tax receipt, etc.);
5. APPLICANT AGREES to submit a Hillsborough County Vendor's Application online at <http://www.hillsboroughcounty.org/procurementservices>;

The Economic Development Department shall advise the applicant of the need for any additional documentation deemed necessary in writing to the address provided in the application. Failure to provide additional documentation within the allotted time shall be deemed an abandonment of the application and no further action will be taken.

**MAIL AFFIDAVIT TO:**

Rita Sauri  
Economic Development Department  
DM/DWBE & SBE Programs Section  
7402 N. 56<sup>th</sup> Street Suite 425  
Tampa, FL 33617  
Phone: (813) 914-4028

**HILLSBOROUGH COUNTY ECONOMIC DEVELOPMENT DEPARTMENT  
SMALL BUSINESS ENTERPRISE (SBE) PROGRAM APPLICATION FOR REGISTRATION**

**In order to evaluate the authenticity of applicant firms, it is required that certain relevant information be provided and updated biannually. The information provided must clearly identify and explain ownership, nature and size of the applicant business. All information requested in this form must be furnished before the applicant business can be properly evaluated and registered.**

Date: \_\_\_\_\_

1. Name of Business (Applicant Firm) \_\_\_\_\_

Address \_\_\_\_\_  
 Number Street City County State Zip

Mailing Address (If different from above) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number (including area code) ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Website Address \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Federal Id Number or Owner's Social Security Number: \_\_\_\_\_

Do You Accept Credit Cards: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

2. Type of Ownership (Check one) [ ] Sole Proprietor [ ] Partnership [ ] Corporation

3. Nature of Business \_\_\_\_\_

4. Years in Business \_\_\_\_\_

5. Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Other \_\_\_\_\_

6. Identification of all owners/shareholders: Name individuals or Corporations and their percent of ownership:

Number of shares issued and outstanding: Preferred \_\_\_\_\_ Common \_\_\_\_\_ Other \_\_\_\_\_

Owners/Shareholders	Address	Years of Ownership	Ownership %	Voting %

7. If any owner of the applicant firm also has an ownership interest in another firm, operates or is employed by any other firm, please indicate:

Name of Owner	Name of Other Firm	Relationship to Applicant Firm

8. If your firm is owned in full or in part by a company listed in item 7, list on a separate sheet that company's shareholders to include percentage of ownership interest and the name and address of directors and officers.
9. Is applicant firm a franchise, subsidiary or affiliate of another company: Yes \_\_\_\_\_ No \_\_\_\_\_
10. Specify the annual gross receipts (sales) of the firm for the past three years.
 

(a) Year Ending _____	Total Receipts \$ _____
(b) Year Ending _____	Total Receipts \$ _____
(c) Year Ending _____	Total Receipts \$ _____

The undersigned swears that the foregoing statements are true ad correct. Further, the undersigned agrees to permit the review and examination of books and files of the named firm in the event Hillsborough County Board of County Commissioners wishes to verify the information and documentation provided herein:

Furthermore, I understand that I may not:

- a. fraudulently obtain, retain, attempt to neither obtain nor aid another in fraudulently obtaining, retaining or attempting to obtain Small Business Enterprise registration.
- b. willfully make a false statement, whether by affidavit, report, or other representation, to an official or employee of Hillsborough County Board of County Commissioners for the purpose of influencing the registration or denial of registration of any entity as a Small Business Enterprise;
- c. willfully obstruct, impede, or attempt to obstruct or impede any County official or employee of Hillsborough County Board of County Commissioners who is investigating the qualifications of a business entity which has requested registration as a Small Business Enterprise.

Any material misrepresentation will be grounds for initiating action under appropriate laws concerning false statements.

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Signature (Company's Authorized Representative)

STATE OF \_\_\_\_\_

COUNTY \_\_\_\_\_

The foregoing Affidavit was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

In witness thereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Printed Name of Notary Public

**PLEASE NOTE: THERE IS A 30-60 DAY APPLICATION REVIEW PROCESS. YOU WILL BE CONTACTED BY MAIL WITHIN THE ALOTTED TIME AS TO THE STATUS OF YOUR APPLICATION.**

**RETURN TO:** Hillsborough County Economic Development Dept.  
DM/DWBE & SBE Programs Section  
Attention: Rita Sauri  
7402 N. 56th Street Suite 425  
Tampa, Florida 33617  
Phone: (813) 914-4028