

Dear Targeted Small Business (TSB) Applicant:

Thank you for your interest in becoming certified as a State of Iowa Targeted Small Business (TSB). TSB Certification administered by the Iowa Economic Development Authority (IEDA) is designed to help women, minority persons, individuals with disabilities, and service-connected disabled veterans overcome some of the hurdles in starting and growing a small business in Iowa.

Benefits of becoming a Certified TSB include:

- Exemption from competitive bidding requirements for sales of goods and services to state agencies for purchases up to \$10,000.
- 48-hour advance notice of state procurement opportunities to give you a “head start” on requests for quotes and competitive bids.
- Listing in the [Certified TSB Online Directory](#), a recognized resource that is utilized by public and private sector buyers, and a distinction that adds value to your business.
- Education and networking opportunities offered by our partners throughout the state providing valuable information and connections to help grow your business.

To receive the benefits above, your business must be TSB Certified by the Iowa Economic Development Authority /Iowa Department of Inspection and Appeals (DIA). Eligibility requirements are set out at Iowa Code section 15.102.10 and include the following:

- Be located in the state of Iowa.
- Operate for a profit.
- Have an annual gross income of less than four million dollars computed as an average of the three preceding fiscal years. (Gross income means the total sales less the cost of goods sold, plus any income from investments and from incidentals or outside operations or sources.)
- Be owned, operated, and actively managed by a **Targeted Group Person (TGP)**, which is one or more women, minority persons, persons with a disability, or service-connected disabled veterans.
 - A “minority person” means an individual who is and African American, Latino, Asian or Pacific Islander, American Indian or Alaskan Native American.
 - “Disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical impairment that substantially limits one or more of the major life activities of the individual.
 - A “service-connected disabled veteran” must have a service-connected disability that has been determined by the U.S. Department of Veterans Affairs or the U.S. Department of Defense as defined in 38 U.S.C. Section 101(16).

Applicants also must meet all of the program’s certification eligibility standards found in 261 [Iowa Administrative Code chapter 52, available online](#) or by requesting a copy from this office.

Enclosed you will find a **certification application** with all the necessary instructions. Please follow the instructions to complete the application, provide the additional applicable documentation and return it to the following address:

Iowa Economic Development Authority
Targeted Small Business Program
200 East Grand Ave.
Des Moines, IA 50309

When a certification determination has been made, you will be notified by IEDA. If you have any questions regarding the certification process, please feel free to contact us at 515.348.6159.

Sincerely,

Jill Lippincott, Project Manager

jill.lippincott@iowaeda.com

515.348.6159



Iowa Economic Development Authority/ Iowa Department of Inspection and Appeals Targeted Small Business Certification Application Packet

The following application packet is for certification as a Targeted Small Business (TSB) by the Iowa Economic Development Authority (IEDA)/Iowa Department of Inspections and Appeals (DIA).

- Please carefully read all materials and the **TSB Certification Application Instructions** provided below, and review the list of documents you will need to show ownership, control, and management of your business.
- To simplify the application process, please answer all questions on the application. Processing time is longer if you provide insufficient or inadequate information or documentation to demonstrate that your business meets eligibility standards. Any false information submitted may result in denial and/or decertification.
- Once completed, return the following to IEDA:
 - All requested documentation.
 - Notarized Signature Page, found in Section 5, verifying that you own, operate, and actively manage more than 51 percent of your business.

Send all of the above to:

Iowa Economic Development Authority
Targeted Small Business Program
200 East Grand Ave.
Des Moines, IA 50309

IEDA will evaluate the information submitted for compliance with 261 [Iowa Administrative Code chapter 52](#) "Iowa Targeted Small Business Certification Program." Additional information/documents will be requested if needed.

TSB Certification Application Instructions

- **Section 1: Business Profile** - Enter the full legal names for the Business and Owner(s). Please provide the address of the business and indicate whether this is also your home address. If your business does not have a Federal ID number, please provide your Social Security number. Specify your business structure.
- **Section 2: Owner Information - Targeted Group Person (TGP) status.** List all additional owners, their percentage of ownership and their TGP status if applicable. *In order to qualify as a TSB, 51% of the owners of the business must qualify as TGP(s).*
- **Section 3: Business Operations** - This section provides IEDA/DIA with specific background regarding the ownership of your business and helps to verify your ownership status. Please also provide information about the industry your business is in, its products, customers, and services/benefits that it provides. This information will be included in the TSB Online Directory and helps to create an overall picture of your business for further procurement purposes.
 - If you have business income, please provide the gross income for the last three years you have been in business.
 - Please provide the total number of employees, including yourself.
 - If licenses are required for you to do business, please list the names, including yourself, of the individuals who hold the licenses to perform the work required of your business.
 - List all Members of your Board of Directors/Officers, if applicable. If any Members or Officers of your Board are also TGP(s), provide the basis for stating that he/she/they is/are TGP(s). If needed, provide an additional sheet of paper to list all Board Members. *In order to qualify as a TSB, 51% of the membership of your Board must also qualify as TGP(s).*
- **Section 4: Document List** - All applicants are required to submit the documents listed under the “**Documents for All Applicants**” section, additional documentation based on business type, and proof of Targeted Group Status.
- **Section 5: Signature Page** - Please read the Affirmation and Authorization section closely. To be valid, this document must be signed before a notary.



TARGETED SMALL BUSINESS CERTIFICATION APPLICATION

If your business is recently established, insert "n/a" in the space provided for questions that do not apply or "pending" regarding documents for which you have applied or will apply.

SECTION 1: BUSINESS PROFILE

Business Name:

Business Address:

City:

State:

Zip:

Business address is also the home address Yes No

Phone:

TDD Number (hearing impaired only):

E-mail:

Website:

Federal ID Number (EIN). If none, provide owner's social security number:

Date business was started, will start, or when you acquired ownership:

Sole proprietorship Partnership S Corp C Corp Limited Liability Partnership Limited Liability Co.

SECTION 2: OWNER INFORMATION

Owner(s) First Name:

Owner(s) Last Name:

Owner(s) SSN:

Business Title: President Vice President Treasurer Secretary

Percentage of Applicant's ownership of the business:

Applying as a:

Minority Person Woman Person with a Disability Service- Connected Disabled Veteran

If applying as a minority person, as defined by Iowa Code section 15.102.10.b.(3) of which group do you consider yourself a member?

African American Latino Asian or Pacific Islander American Indian Alaskan Native American



Additional Owner Information (Attach additional sheets if necessary)

In order to qualify as a TSB, 51% of the owners of the business must also qualify as TGP(s).

First Name: _____ Business Title: _____
 Last Name: _____ Percentage Owned: _____ SSN: _____
 Targeted Group Person status (if applicable):
 Minority Person Woman Person with a Disability Service-Connected Disabled Veteran

First Name: _____ Business Title: _____
 Last Name: _____ Percentage Owned: _____ SSN: _____
 Targeted Group Person status (if applicable):
 Minority Person Woman Person with a Disability Service-Connected Disabled Veteran

First Name: _____ Business Title: _____
 Last Name: _____ Percentage Owned: _____ SSN: _____
 Targeted Group Person status (if applicable):
 Minority Person Woman Person with a Disability Service-Connected Disabled Veteran

First Name: _____ Business Title: _____
 Last Name: _____ Percentage Owned: _____ SSN: _____
 Targeted Group Person status (if applicable):
 Minority Person Woman Person with a Disability Service-Connected Disabled Veteran

SECTION 3: BUSINESS OPERATIONS

How did you acquire your (at least) 51% ownership of the business? (Did you purchase the business, obtain a loan, or other?)

Do you have any business debt? If so, list the type of debt and the names of all individuals who share the debt with you.

Select the most applicable industry for your type of business:

- Manufacturer Dealer with Inventory Dealer without Inventory Construction Distributor
- Service Research Consultant Retail

If you know your North American Industry Classification System (NAICS) code, please provide it:

If you know your National Institute of Governmental Procurement (NIGP) code, please provide it:

Answers to the following three fields will determine your organization description in the TSB Directory. Please be as detailed as possible.

Describe the products/services your business makes/offers to customers:

Who are your targeted customers?

What sets you apart from your competitors?



If you have business income, please provide your Gross Income for the last three years you have been in business:

20__ Gross Income: _____ 20__ Gross Income: _____ 20__ Gross Income: _____
(Gross income means your annual total sales minus the costs of goods sold, plus any income from investments, incidentals or outside sources.) 491 IAC 25.1(73)

Number of employees, including yourself: _____

If licenses are required to do business, provide the names of the people who hold the required licenses. Attach additional sheets if necessary:

Name: _____ License: _____
Name: _____ License: _____
Name: _____ License: _____

If you have a Board of Directors/Officers, provide the names of all Directors/Officers and Targeted Group Status, if applicable. Attach additional sheets if necessary.

In order to qualify as a TSB, 51% of your Board Members must be Targeted Group Persons.

Board Member Name: _____ Targeted Group Person? Yes No
Title: _____
Board Member Name: _____ Targeted Group Person? Yes No
Title: _____
Board Member Name: _____ Targeted Group Person? Yes No
Title: _____
Board Member Name: _____ Targeted Group Person? Yes No
Title: _____

Date of most recent board report filed with the Secretary of State: _____

Once complete, please mail or deliver your application, including the Signature Page found in Section 5 and all applicable documentation to:

Iowa Economic Development Authority
Targeted Small Business Program
200 E. Grand Avenue
Des Moines, IA 50309



SECTION 4: DOCUMENT LIST

Documents for All Applicants:

- Registration of business name: County Recorder or Secretary of State
- Proof of TGP status (See list below)
- Two years of business tax returns or individual tax returns and IRS letter verifying your businesses' Federal ID number if you do not have business tax returns
- Proof of liability insurance and Workers Compensation insurance, if applicable
- Copy of each and every license, registration, and permit required for business
- Purchase agreement, if the business was acquired within the last five years
- Signed and notarized application

Additional Documents for LLC Applicants

- Certificate or Articles of Organization
- Operating Agreement, if more than one Member/Manager

Additional Documents for Partnership Applicants

- Partnership Agreement

Additional Documents for Corporation Applicants

- Proof of capital contribution from each owner (if the business was started/acquired within the last five years)
- Bylaws and Articles of Incorporation, including your corporate borrowing resolution
- Meeting Minutes reflecting election of current Directors/Officers
- Stock ledger, if applicable
- Proof of TGP status for Board of Directors/Officers. See list of acceptable proof below.

Targeted Group Person (TGP) Status Forms:

- If you are applying as a minority person or as a woman, please provide documentation of your status. Acceptable documentation includes a driver's license, passport, tribal record, birth certificate or other documentation
- If you are applying as a person with a disability or have a physical or mental impairment that substantially limits one or more major life activities, please provide written verification from one of the following entities:
 - Iowa Department of Education
 - Division of Vocational Rehabilitation
 - Iowa Department for the Blind
 - A licensed medical physician. The physician must complete and sign the Verification of Disability form included in the application packet.
- If you are applying as a Service-Connected Disabled Veteran, please provide documentation from the U.S. Department of Veterans Affairs or the U.S. Department of Defense confirming that your disability is service connected and the extent of the disability.



SECTION 5: SIGNATURE PAGE

Affirmation and Authorization

For the purposes of TSB certification, I understand that the Iowa Economic Development Authority (IEDA) may request other information and/or documentation at any time. If any purchasing authority for a department or an agency of state government has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, that information may be considered a material misrepresentation and may be grounds for terminating any contract awarded and for initiating criminal action under state laws concerning false statements or breach of contract, or both.

I certify that the information contained in this application for Targeted Small Business (TSB) Certification status is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and may result in other penalties allowed by law.

I affirm that the employment practices of the applicant company do not discriminate on the basis of age, race, creed, color, sex, national origin or disability.

Please be aware of the following regarding fraudulent practices in connection with the Targeted Small Business programs.

481 IAC25.10(714) Fraudulent practices in connection with targeted small business programs. A violation under this is grounds for decertification of the TSB connected with the violation. Decertification shall be in addition to any penalty otherwise authorized by this chapter.

A person is may be engaging a fraudulent practice if the person;

- 1. Knowingly transfers or assigns assets, ownership or equitable interest in property of a business to a Targeted Group Person primarily for the purpose of obtaining benefits under a TSB program if the transferor would otherwise not be qualified for such programs.
2. Solicits and is awarded a state contract on behalf of a TSB for the purpose of transferring the contract to someone who is not TSB certified.
3. Knowingly falsifies information on an application for the purpose of obtaining benefits under TSB programs.

IEDA may investigate allegations or complaints of fraudulent practices and may take action to decertify a TSB if it is determined that a violation has occurred. Decertification may be appealed.

I have read and understand all of the above.

Date Signature of Applicant

Subscribed and sworn to before me this day of 20

My commission expires: Notary Public

Authorization to Obtain Information:

I authorize the following entities to provide information needed by IEDA to evaluate my qualifications for certification as a Targeted Group Person. This authorization's automatic expiration date will be one year from the date of my signature.

- Department of Inspections and Appeals
Department of Education
Department of the Blind
Veteran's Administration
Department of Transportation



Iowa Economic Development Authority/
Iowa Department of Inspections and Appeals
Targeted Small Business Program – Certification Application Packet

Verification of Disability (if applicable)

Persons with disabilities seeking certification as a Targeted Small Business (TSB) must meet the criteria in respect to business ownership and management. In addition, a licensed health care provider must certify that the individual named below is a person with a disability as that term is defined:

"Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual. "Disability" does not include any of the following:

1. Homosexuality or bisexuality
2. Transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorder not resulting from physical impairments, or other sexual behavior disorders.
3. Compulsive gambling, kleptomania, or pyromania.
4. Psychoactive substance abuse disorders resulting from current illegal use of drugs
Iowa Code section 15.102.10.b.(1)

Physician's Statement

Individual's Name: _____

Social Security Number: _____ Date of Birth: _____

Disability (1) _____

(2) _____

(3) _____

Functional Limitation (Check all appropriate)

- | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Speaking | <input type="checkbox"/> Seeing | <input type="checkbox"/> Self Care |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Working | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Other (explain below) |

Explanation of Other: _____

Signature of Certifying Health Care Provider: _____

Professional License Number: _____ State of Issue: _____