

NAWBO Institute Certification Application Documentation Requirements Checklist

In addition to documentation, the application includes a series of questions regarding details of the business and/or woman business owner. This document is a summary of both. Information/documentation is required unless otherwise noted. Please use this list to gather your materials before beginning the application to ensure you have as smooth an application process as possible.

GENERAL INFORMATION

| Document | Document Ready? |
|---|-----------------|
| Narrative description of business, its history, ownership changes, lines of business (Text entry on the application, not a document upload) | |
| Franchise or Licensing Agreement (if applicable) | |
| Copy of professional or business license (if applicable) | |
| Notarized NAWBO WBE Sworn Affidavit (this will need to be notarized before uploading) | |

(This section will be text entry on the application)

| Name of Owner (all owners over 5%) | Gender | % Ownership | Citizenship |
|------------------------------------|--------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |















| Document | Document Ready? |
|---|-----------------|
| Female owner(s) evidence of gender – driver's license, passport, birth certificate (2 forms of identification required) | |
| Female owner(s) evidence of US citizenship or legal residency – passport, birth certificate, naturalization papers, green card | |
| Documentation of any changes in ownership or transfer of assets between any of the owners within the last two years (if applicable) | |
| Professional resume of each owner (not including outside investors) | |
| Employee Stock Ownership Plan (ESOP) Agreement (if applicable) | |

If Applying for MWBE Certification

(This will be text entry on the application)

| Name of Minority Owner(s) | % Ownership | Minority Classification * |
|---------------------------|-------------|---------------------------|
| | | |
| | | |
| | | |

^{*} Indicate if owner is Black American; Hispanic American; Native American (Alaska Native, Native Hawaiian, or enrolled member of a Federally or State recognized Indian Tribe); Asian/Pacific Islander American; Arab American; or member of another qualified minority group

FINANCIAL INFORMATION

(This section will be text entry on the application)

| Company Revenue Las | st Three Fiscal Years | Fiscal Year Dates |
|---------------------|-----------------------|-------------------|
| Year 1 | \$ | |
| Year 2 | \$ | |
| Year 3 | \$ | |

(This section will be text entry on the application)

| Primary Banking Institution | |
|--------------------------------|--|
| Banking Point of Contact Name | |
| Point of Contact Phone & Email | |















Business Loans or Lines of Credit (including credit cards)

(This section will be text entry on the application)

| Type of Debt | Lender | Amount | Collateral |
|--------------|--------|--------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Financial Documents

| i manetar bocaments | |
|---|-----------------|
| Document | Document Ready? |
| Profit and loss statement from last completed fiscal year | |
| Balance sheet from end of last completed fiscal year | |
| Past two completed years' Federal tax returns filed with the IRS with all statements & schedules attached | |
| For sole proprietorships & sole member LLCs, individual owner's personal Federal tax return (SSN and dependent information may be redacted) (if applicable) | |
| Real estate leases (if applicable) | |
| All other loan documents (equipment leases or promissory notes, etc.) (if applicable) | |
| Bank signature authorization card (if bank will not provide, then copy of letter from bank point of contact with company name, type of accounts, dates accounts opened, who has signature authority, any restrictions on signature authority) | |
| Proof of capital and/or equity investment by female owner(s) (e.g. initial deposit to bank account, receipt from purchasing business license, etc) | |
| List of all capital assets (real estate, vehicles, equipment, etc.), including current value (if applicable) | |













DOCUMENTS TO BE PROVIDED BY BUSINESS TYPE

Documents to be Provided if a Sole Proprietorships

| Document | Document Ready? |
|--|-----------------|
| Assumed/Fictitious Name Certificate (if applicable) | |
| Authority to conduct business in State and/or Certificate of Good Standing issued by State | |

Documents to be Provided if a Corporation (C-Corp & S-Corp)

| Document | Document Ready? |
|---|-----------------|
| Articles of incorporation and any amendments | |
| Corporate bylaws and any amendments | |
| Copies of all stock certificates, front & back, ever issued | |
| Statement of Information filed with Secretary of State listing officers, directors, managers, members or general partners | |
| Copies of any stock assignments separate from stock certificates (if applicable) | |
| Stock register or ledger showing shares issued | |
| Minutes of shareholder and/or directors meetings within last two years | |
| Shareholder or voting agreements (if applicable) | |
| Assumed/Fictitious Name Certificate (if applicable) | |
| Authority to conduct business in State and/or Certificate of Good Standing issued by State | |

Documents to be Provided if a Partnership

| Document | Document Ready? |
|---|-----------------|
| Assumed/Fictitious Name Certificate (if applicable) | |
| Authority to conduct business in State and/or Certificate of Good Standing issued by State | |
| Statement of Information filed with Secretary of State listing officers, directors, managers, members or general partners | |













Documents to be Provided if a Limited Liability Corporation

| Document | Document Ready? |
|---|-----------------|
| Assumed/Fictitious Name Certificate (if applicable) | |
| Authority to conduct business in State and/or Certificate of Good Standing issued by State | |
| Statement of Information filed with Secretary of State listing officers, directors, managers, members or general partners | |

Management Information (if applicable)

(This section will be text entry on the application)

| учите верения и пределения и пр | | |
|--|----------------|------------|
| Management Team Employee Name | Title/Position | Ownership? |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Management Documents to be Provided (if applicable)

| Document | Document Ready? |
|--|-----------------|
| Professional resume of each management team member | |
| Copies of W-2s and/or 1099 forms for each management team member | |
| List of all W-2 employees, with title and salary/labor rate information | |
| Copies of consulting agreements for any individuals or vendors providing management/operational support to company | |









