



NC SMALL BUSINESS ENTERPRISE PROGRAM GUIDANCE

Thank you for your interest in becoming certified as a NC Small Business Enterprise (NCSBE) vendor with the State of North Carolina. The NCSBE Program is a race and gender-neutral program designed to provide contracting opportunities to NC small businesses with the State of North Carolina. The applicant must be a small business must be a small business **headquartered in the state of North Carolina, have an annual net income of not more than \$1,500,000 after Cost of Goods Sold is deducted, have 100 or less employees, and organized for-profit.**

Please use the required documents list and sample application below as a guide to complete the online NCSBE request for certification. Begin the process at <https://evp.nc.gov/>

The NC Small Business Enterprises Program requires documentation to determine your eligibility for certification as a NC Small Business Enterprise.

To initiate the NCSBE Certification Process: (1) [Register on the electronic Vendor Portal \(eVP\) as a vendor](#), (2) Request to certify as an NCSBE applicant, (3) Gather and upload required documents.

Completion of the eVP vendor registration and NCSBE online application in eVP are required to complete your request to be certified through the NC Small Business Enterprise Program.

NC SMALL BUSINESS ENTERPRISE DOCUMENT REQUIREMENTS CHECKLIST

Your company is required to submit the following documentation in the eVP system within **30 days** of your online application in eVP. Your packet will be reviewed by a Certification Specialist once you have uploaded all required documents. Failure to submit the required documents within the specified time will result in an administrative withdrawal of your business' application.

<input checked="" type="checkbox"/>	All Applicants are required to upload the following documents in eVP after applying for NCSBE certification:
<input type="checkbox"/>	Current copy of proof of citizenship or permanent residence (Birth Certificate, Passport, Voter's Registration Card, Green Card or Driver's License).
<input type="checkbox"/>	IRS Form 941
<input type="checkbox"/>	Statement from your bank listing names of all persons who have signature authority on your business bank account
<input type="checkbox"/>	Most recent completed and filed tax forms

Sample NCSBE Application Guide

Business Name	
Contact Name	Title
Business Phone # →	Cell Phone #
Email Address →	
Headquarters Physical Address (In North Carolina – P.O. Box not accepted)	Mailing Address (only if different from physical address)
County →	
Annual Net Income (after Cost of Goods Sold deducted): →	
Total Number of Employees: →	

Business Identification
Business Legal Company Name
Method of Acquisition
<input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Inherited business <input type="checkbox"/> Other

Business Profile	
Business structure <input type="checkbox"/> Corporation (including PLLC) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership (including LLP) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture	Date Company was established <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

Business Relationship with Other Businesses

Is your business co-located at any of its locations with any other business, organization, or entity? If yes, who?

Does your business, at any of its business locations, share a phone number, P.O. box, office space, yard, warehouse, facilities, equipment or office staff with any other business, organization, or entity? If yes, who?

Do any of your immediate family members own or manage another business? If yes, explain.

- At present, or at any time in the past, has your business:
- Been a subsidiary of another business? Y or N
 - Consisted of a partnership in which one or more of the partners are other businesses? Y or N
 - Owned a percentage of another business? Y or N
 - Had any subsidiaries? Y or N
 - Operated under a franchise agreement? Y or N
 - Has any other business had an ownership percentage in your business? Y or N

Section 3. Ownership Information (*Ownership percentages must total 100*)
If there are more than two owners, attach a separate sheet.

Owner #1: Percentage Owned: _____%

Name	Title	Contact Phone #
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American American <input type="checkbox"/> Indian <input type="checkbox"/> Unlisted: _____ <small>Information is not required to qualify; for internal use only.</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unlisted: _____ <small>Information is not required to qualify; for internal use only.</small>	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Disadvantaged <input type="checkbox"/> <small>Information is not required to qualify; for internal use only.</small>
*Are you a U.S. Citizen or permanent resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you own any other businesses? If yes, please list.

Do you work for any company, organization or entity that has a relationship with applicant business? If yes, please list.

Owner #2 Percentage Owned: _____%

Name	Title	Contact Phone #
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Unlisted: _____ <small>Information is not required to qualify; for internal use only.</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unlisted: _____ <small>Information is not required to qualify; for internal use only.</small>	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Disadvantaged <input type="checkbox"/> <small>Information is not required to qualify; for internal use only.</small>
Are you a U.S. Citizen or permanent resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you own any other businesses? If yes, please list.

Do you work for any company, organization or entity that has a relationship with applicant business? If yes, please list.

NOTE: TO AVOID DELAY IN PROCESSING YOUR CERTIFICATION REQUEST, PLEASE CHECK YOUR APPLICATION AND SUPPORTING DOCUMENTS TO ENSURE ALL REQUIRED INFORMATION IS PROVIDED DURING THE ONLINE APPLICATION PROCESS.