

STATEWIDE UNIFORM CERTIFICATION



GENERAL OVERVIEW AND REQUIRED DOCUMENTS

The online application process begins at

<https://evp.nc.gov/>

OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES

1336 MAIL SERVICE CENTER, RALEIGH, NC 27699-1336

<http://ncadmin.nc.gov/businesses/hub>

984.236.0130



Certification Registration Instructions

To apply for HUB Certification under the Statewide Uniform Certification Program, you must:

1. Register electronically in the Electronic Vendor Portal (eVP) - <https://evp.nc.gov/>
 - a. Click “Sign In or Register”, then select “Register” and “Login”.
 - b. Complete the registration process. If you need assistance with your registration, please contact the NC Electronic Vendor Portal Helpdesk at 888-211-7440; select option 2 or email vendor@nc.gov.
Detailed instructions are available at <https://eprocurement.nc.gov/training/vendor-training> - Select the option for “Registering in eVP” to view the job aid or video demo.

[Please ensure you have access to your email. You will have to verify your email address upon registering in eVP.](#)

2. Apply for HUB Certification:
 - a. Navigate to the Vendor Profile from ‘My Vendor’ and then select ‘Certifications.’
 - b. Click on the ‘My Vendor’ tab in the menu bar then select ‘HUB Application’ from the dropdown.
 - c. Click on the ‘HUB Registration’ button on the eVP landing page.
 - d. After navigating to the ‘Certifications’ page: Click on the ‘Apply for HUB Certification’ button to open the application.
 - e. Provide the company information, ownership, and other relevant data to complete the online application.

Detailed instructions are available at <https://eprocurement.nc.gov/training/vendor-training> - Select the option for “HUB Registration” to view the job aid or video demo.

3. Upload the required documentation into the eVP system. A list of required documents is generated by eVP based on your business structure.

For assistance with the eVP system, please contact the NC Electronic Vendor Portal Helpdesk at 888-211-7440.

For questions about the certification process, please contact the HUB Office at 984-236-0130 or huboffice.doa@doa.nc.gov.

NOTE: The HUB Certification process begins once online eVP registration is completed and required documents have been uploaded into the eVP system.

Statewide Uniform Certification (SWUC)

General Information / Overview

The Office for Historically Underutilized Businesses (HUB Office) launched its new Statewide Uniform Certification (SWUC) program on July 1, 2009. SWUC was developed to streamline the certification process and reduce the redundancy in certifying minority- and women-owned businesses and create a centralized Historically Underutilized Business (HUB) and minority/women business database. The HUB Office will take the lead in certifying HUB/ Minority/Women Business Enterprise firms, which previously had to apply for certification through the HUB Office as well as the local Minority/Women Business Enterprise program offices.

Effective July 1, 2009, HUB firms must be certified through the HUB Office (via the eVP system) to be listed in the database to be counted by local and state entities for HUB participation and the reporting purposes. The HUB Office partnered with our local Minority/Women Business Enterprise offices to develop and implement SWUC with input and feedback from HUB firms, prime contractors and HUB resource advocates. With the HUB Office facilitating the certification process, local Minority/Women Business Enterprise Offices can focus on providing resources and business development.

Eligibility for HUB Certification under the SWUC Program

In accordance with N.C.G.S. § 143-128.4(a) and 143-48.4(a), the term "Historically Underutilized Business" (HUB) means a business that meets all of the following conditions:

- (1) At least Fifty-One Percent (51%) of the business is owned by one or more persons who are members of at least one of the groups set forth in subsection (b)
- (2) The management and daily business operations are controlled by one or more owners of the business who are members of at least one of the groups in subsection (b)
 - (b) To qualify as a HUB, a business must be owned and controlled by one or more citizens or lawful permanent residents of the United States who are members of one or more of the following groups: (1) Black, (2) Hispanic, (3) Asian American, (4) American Indian, (5) Female, (6) Disabled, (7) Disadvantaged

**N.C. DEPARTMENT OF ADMINISTRATION
OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES**

1336 Mail Service Center, Raleigh, NC 27699-1336 • (984) 236-0130 • Fax (919)-807-2335

Website: www.doa.nc.gov/hub • Email Address: huboffice.doa@doa.nc.gov

Below is the documentation required to prepare for the online submission of the HUB certification application and required documents.

All information must be entered into the eVP system.

Based upon your company business structure (i.e. sole proprietorship, corporation), you are required to upload the following documentation in the [electronic Vendor Portal \(eVP\)](#) within 30 days of your request for certification. **Failure to submit the required documents within the specified time will result in an administrative withdrawal. All items must be addressed to be considered a complete packet. (N/A's will not be accepted).** **Should you feel that any of the documentation required does not pertain to you or your business, please upload an explanation on your letterhead as to why the documentation requested does not pertain to you or your company.*

<input checked="" type="checkbox"/>	All Applicants are required to submit the following documents:
<input type="checkbox"/>	Bank statement listing names of all persons who have signature authority on your business bank account
<input type="checkbox"/>	Copies of Professional Licenses, if required
<input type="checkbox"/>	Copies of signed lease for office and storage space or a statement indicating location of business operation
<input type="checkbox"/>	List of leased or owned equipment along with signed lease agreements, titles/proof of ownership of the equipment needed to operate your business
<input type="checkbox"/>	Proof of citizenship or permanent residence (Birth certificate, Passport, Voter's Registration Card, Green Card, Military ID, or Driver's License; must be up to date)
<input type="checkbox"/>	Proof of contributions used to acquire ownership for each owner
<input type="checkbox"/>	Proof of disability, if applicable
<input type="checkbox"/>	Proof of Ethnicity based upon the ethnic groups identified in N.C.G.S. § 143-128.4 (b): Black, Hispanic, American Indian, or Asian American. Provide a copy of your Passport, Green Card, Birth Certificate. If none of the items listed indicate or state ethnicity, please complete a signed and notarized Ethnicity Affidavit https://files.nc.gov/ncdoa/documents/EthnicityAffidavit..pdf
<input type="checkbox"/>	Proof of other certification - home state minority and/or disadvantaged business certification for out of state businesses
<input type="checkbox"/>	Schedule of Salaries paid to all officers, managers, owners, or directors of the firm. (W-2; Quick Books, or statement on company letterhead or email)
<input type="checkbox"/>	Two business letters of reference (who your firm has performed work for - include contact information)
<input type="checkbox"/>	Work experience resumes for all owners. Include places of ownership/employment with corresponding dates
Corporations must provide the following additional information:	
<input type="checkbox"/>	Articles of Incorporation (signed by State Official)
<input type="checkbox"/>	Assumed Name Certificate, if applicable
<input type="checkbox"/>	Both sides of all Corporate Certificates and Stock and Transfer Ledger or Schedule K Tax Returns
<input type="checkbox"/>	Corporate Bylaws and any amendments
<input type="checkbox"/>	Minutes of 1 st and most recent Stockholder and Board of Directors' Meetings
<input type="checkbox"/>	Shareholders Agreement or Schedule K Tax Returns
Limited Liability Companies, including PLLC must also provide:	
<input type="checkbox"/>	Articles of Organization (LLC)
<input type="checkbox"/>	Operating Agreement (LLC)
Partnerships, including LLP must also provide:	
<input type="checkbox"/>	Partnership Agreement
Franchises must also provide:	
<input type="checkbox"/>	Franchise Agreement

N.C. DEPARTMENT OF ADMINISTRATION



Statewide Uniform Certification Program

Statewide Uniform Certification Guidance

(use only as a guide to submit information online in the [eVP system](#))

Thank you for your interest in becoming certified as a HUB firm with the State of North Carolina under the Statewide Uniform Certification Program (SWUC). Per N.C. General Statute 143-128.4, to qualify as a historically underutilized business, a business must be at least 51% owned, controlled and managed by one or more citizens or lawful permanent residents of the United States who are members of one or more of the following groups: (1) Black, (2) Hispanic, (3) Asian American, (4) American Indian, (5) Female, (6) Disabled and (7) Disadvantaged.

The Office for Historically Underutilized Businesses will request documentation based on your business structure to determine your eligibility for certification as a historically underutilized business. All applicants are required to complete the application online in the electronic Vendor Portal (eVP) and upload the required documentation.

General Information	
Name of Firm	
Contact Name	Title
Business Phone #	Cell Phone #
Fax #	Pager #
Website	Email Address
Addresses	
Physical (no post office boxes)	Mailing (only if different from physical address)
County	

Company Information

Firm's Identification

Legal Name of Firm	
Unique Identifier for firm (Select One)	Method of Acquisition
<input type="checkbox"/> FEIN _____	<input type="checkbox"/> Started new business
<input type="checkbox"/> DUNS _____	<input type="checkbox"/> Bought existing business
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> Merger or consolidation
	<input type="checkbox"/> Inherited business
	<input type="checkbox"/> Other

Firm's 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 Firm was established <input type="text"/>
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Firm's Relationship with Other Businesses

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

Does your firm, 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 company? If yes, explain.

Has any other firm had an ownership interest in your firm at present or at any time in the past?

At present, or at any time in the past, has your firm:

- Been a subsidiary of another firm? Y or N
- Consisted of a partnership in which one or more of the partners are other firms? Y or N
- Owned a percentage of another firm? Y or N
- Had any subsidiaries? Y or N
- Operated under a franchise agreement? Y or N

Ownership Information (*Ownership percentages must total 100*)
 If there are more than two owners, upload information for all owners in the online application.

Owner #1

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"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Disadvantaged <input type="checkbox"/>
		Are you a U.S. Citizen or permanent resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

Percentage of ownership	Date applicant acquired ownership	Initial Investment to Acquire Ownership <input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Expertise: \$ _____
# of shares owned		

Are you related by blood or marriage to any of the other owners? If yes, who?

Do you own any other businesses?

Do you perform a supervisory or management function for another firm?

Do you work for any company, organization or entity that has a relationship with this firm?

Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:

<input type="checkbox"/> Financial Decision making	<input type="checkbox"/> Office Management
<input type="checkbox"/> Hiring/Firing of management personnel	<input type="checkbox"/> Field/Production Operations/Supervisor
<input type="checkbox"/> Estimating and Bidding	<input type="checkbox"/> Purchasing of Major Equipment
<input type="checkbox"/> Marketing / Sales	<input type="checkbox"/> Negotiating and Contract Execution
<input type="checkbox"/> Authorized to make Financial Transactions	<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)

Owner #2

Name		Title		Contact Phone #
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Disadvantaged <input type="checkbox"/>	Are you a U.S. Citizen or permanent resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of ownership	Date applicant acquired ownership		Initial Investment to Acquire Ownership	
# of shares owned			<input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Expertise: \$ _____	

Are you related by blood or marriage to any of the other owners? If yes, who?

Do you own any other businesses?

Do you perform a supervisory or management function for another firm?

Do you work for any company, organization or entity that has a relationship with this firm?

Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:

<input type="checkbox"/> Financial Decision making	<input type="checkbox"/> Office Management
<input type="checkbox"/> Hiring/Firing of management personnel	<input type="checkbox"/> Field/Production Operations/Supervisor
<input type="checkbox"/> Estimating and Bidding	<input type="checkbox"/> Purchasing of Major Equipment
<input type="checkbox"/> Marketing / Sales	<input type="checkbox"/> Negotiating and Contract Execution
<input type="checkbox"/> Authorized to make Financial Transactions	<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)

List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years :

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

Control

A. Officers and Board of Directors

Identify your firm's Officers & Board of Directors):

	Name	Title	Date Appointed	Ethnicity	Gender
1. Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
2. Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

3. Do any of the persons listed above perform a management or supervisory function for any other business? Yes No If Yes, identify for each: Person: _____ Title: _____

Business: _____ Function: _____

4. Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship: _____

B. Daily Management Functions)

Identify your firm's management personnel (non-owners) who control your firm in the following areas.

	Name	Title	Ethnicity	Gender
(1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Does your firm rely on any other firm for management functions or employee payroll? yes no If yes, explain.

C. Professional Licenses

Provide current licenses /permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.)

Name of License or Permit Holder	Type of License/Permit	Expiration Date	License Number and State
a)			
b)			
c)			

References

Please provide two business references	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Phone: _____	Phone: _____

Other Certifications

Please check the agencies or certifications currently held by your firm. <input type="checkbox"/> DBE (Any State Departments of Transportation)	What is the date of your most recent site visit? ____ / ____ / ____
	Performed by (Agency): _____
	Contact Name: _____
	Agency Phone: () - _____

NOTE: THIS APPLICATION FORM IS STRICTLY A TEMPLATE TO HELP YOU PREPARE TO COMPLETE YOUR ONLINE APPLICATION FOR HUB CERTIFICATION. THE INFORMATION MUST BE ENTERED INTO THE [ELECTRONIC VENDOR PORTAL \(EVP\) SYSTEM](#).