



**WESTERN RESERVE
COMMUNITY FUND**



Akron
Urban League

MINORITY CONTRACTORS CAPITAL ACCESS PROGRAM (MCCAP)

Enrollment Application

Due by April 1, 2021

GENERAL COMPANY INFORMATION

Business Name: _____

Principal Contact Name: _____

Business Address: _____

Is this a home-based business?

Business website: _____

Business phone: _____

Business fax: _____

Principal Contact phone: _____

Principal Contact email: _____

Trade:

General construction
Road construction/concrete
Excavation
HVAC
Electrical
Plumbing
Fire protection
Demolition
Lead/asbestos abatement
Other construction

Roofing
Drywall
Framing/carpentry
Construction transportation
Construction distribution/procurement
Flooring
Painting
Architectural
Engineering
Other professional services

Briefly describe the business and its services:

Date established

Federal Tax ID

DUNS No.

CAGE Code

(Information on applying for a DUNS number and CAGE Code is attached.)

Organization Structure

Limited Liability Corporation
Limited Liability Partnership
C-Corporation
S-Corporation
Non-profit corporation

General Partnership
Limited Partnership
Sole Proprietor
Foreign Corporation
Other

COMPANY EXPERIENCE

What were the business's gross revenues in 2020? \$ _____

What are the projected gross revenues for 2021? \$ _____

Please list the most recent contracts completed in the last 12 months

Project Owner or General Contractor	Project Location	Scope of Work	Length of Contract	Value of Contract

Please describe any experience you have contracting with or bidding on contracts with government entities.

Number of employees: _____

Full-time (30+ hours per week): _____ Part-time: _____ Regular 1099 employees: _____

Have you previously worked with the Akron Urban League's Minority Business Assistance Center?

Within the next two years, what are your goals for the business?

Grow number of employees by _____

Increase annual revenues by \$ _____

Offer new products or services. Describe: _____

Grow customer base. Describe: _____

Other: _____

OWNERSHIP INFORMATION

Please list all owners of the company; 100% of ownership must be shown.

Name	Title	Address	% Owned

For each owner listed above, please provide demographic information

Name	Race	Latina/o origin?	Gender	LGBTQ+	Veteran	Disability

ACCREDITATION INFORMATION

Is the business certified MBE, WBE, SBE, EDGE, etc.?

Include a copy of the certification

If the business is licensed by the state, provide the licensure number: _____

Include a copy of the license

Is the business registered with the Summit County Building Department?

List any trade certifications obtained by the business, and include a copy of the certification:

What services assistance do you feel would help your business grow?

Accounting/budgeting	Human resources
Estimating & Bidding	Legal advice
Bonding	Marketing
Business planning	Procurement
Cash-flow analysis and management	Project management
Computer services and technology	Regulatory compliance
Certifications	Website development
Government contracting	Access to credit
Other:	

How do you think MCCAP will help you grow?

How did you hear about MCCAP?

Have any officer/owner listed on this application ever been involved in receivership or bankruptcy proceedings with this or any other business?

If yes, please provide details as an attachment.

Is the business or its owners involved in any pending lawsuits?

If yes, please provide details as an attachment.

SUPPORTING DOCUMENTATION

Please provide:

- Articles of incorporation or other organizing documents
- Financial statements: Profit and loss statement year-to-date and 2020 and balance sheet
- Business tax returns: 2019 and, if available, 2018
- Company indebtedness form
- Resumes for key staff
- Certifications of Workers' Compensation Insurance and Liability Insurance
- W-9 Form
- Credit Report Authorization form for each owner with a 20% or greater share of the business
- Business plan, if available

Additional documents may be requested as part of the application review process.

SUBMISSION ACKNOWLEDGEMENT
(Must be signed by all owners of company)

I hereby submit this Program Application. All information submitted on or with this application is accurate to the best of my knowledge. I also understand that additional information may be requested by Western Reserve Community Fund or the Akron Urban League at a later date. I also understand that this document in no way constitutes a commitment from Western Reserve Community Fund to fund any Company capital needs.

Name

Title

Signature

Date

Name

Title

Signature

Date

Name

Title

Signature

Date

Name

Title

Signature

Date

APPLICATION AND ALL SUPPORTING DOCUMENTATION DEADLINE IS APRIL 1, 2021.

***Please email application and all supporting documentation to
kyle.julien@developmentfinanceauthority.org and gwilson@akronurbanleague.org***