



## Subscription Services

Thank you for your interest in subscription services with the OMSDC.

### What is a subscription?

A subscription is an agreement to receive or be given access to affiliate council products or services.

OMSDC's subscription services package includes:

- Access to top corporate purchasing agents;
- Premium business connection outings and networking events;
- Region or industry-specific newsletters;
- Vital introductions to nationally known corporations;
- Specialized procurement conferences & Trade Fairs;
- Supplier Diversity summits and roundtables;
- Professional development fellowships;
- Mentor-Protégé pairings and other educational or development programs;
- Technical and/or financial assistance and support; and
- Access to conference and meeting space.

### Subscription Fee - \$350

The OMSDC annual subscription fee applies to all MBEs certified by NMSDC affiliate councils located outside of the State of Ohio, regardless of MBE revenue classification.

The subscription services period for the certified MBE will be equivalent to the certification period it has with its home affiliate council. For example, if ABC Co., LLC is certified with the Chicago MSDC from March 31, 2020 until March 31, 2021, then the subscription expiration date with Ohio MSDC will expire on the same date as the Chicago MSDC certificate, March 31, 2021 - regardless of when the subscription application was submitted.

All affiliate councils are required to provide the same basic services afforded a locally certified MBE. Should you have any questions about the application, please contact MBE Services staff at:

### **Ohio Minority Supplier Development Council - MBE Services**

E-mail: [certification@ohiomsc.org](mailto:certification@ohiomsc.org) | Phone: (513) 687-0968

Please send an electronic copy of the application via e-mail to the e-mail listed above. Once the application is received, you will be sent an electronic invoice to pay your Subscription Service fee.



# The Ohio Minority Supplier Development Council (OMSDC)

## MBE Subscription Services Application

**IMPORTANT:**  
Name of NMSDC Affiliate Council where company obtained original certification and expiration date:

Council: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



**Company Name:** \_\_\_\_\_

**DBA (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street Address* *Suite/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

**Office Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

**Key Contact Name and Title:** \_\_\_\_\_

**Key Contact's Email and Phone Number:** \_\_\_\_\_



Please give a concise description of the company's products or services as documented by your home council. The description below will be placed in our database and online directory.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAICS Codes:** \_\_\_\_\_



Fill in the table below for all owners:

Owner's Name & Title	Ethnic Origin	Gender (F/M)	Citizenship* (B/N)	Ownership Percentage (entries must total 100%)

\* Citizenship status: B= By Birth and N= Naturalized Citizen

**Type of Business: Check primary function.**

- |  |   |
|--|---|
| <input type="checkbox"/> Brokers/Agents          | <input type="checkbox"/> Manufacturer       |
| <input type="checkbox"/> Construction Contractor | <input type="checkbox"/> Manufacturer's Rep |
| <input type="checkbox"/> Consultant/Professional | <input type="checkbox"/> Service Contractor |
| <input type="checkbox"/> Distributor             | <input type="checkbox"/> Other _____        |

**Type of Legal Business Structure:**

- Corporation
- Limited Liability Corporation or Company (LLC)
- Limited Liability Partnership (LLP)
- General Partnership
- Sole Proprietorship

**Date Business Established:** \_\_\_\_\_

**Does your firm hold 8(a) certification:**  Yes  No

**Please provide the most current gross receipts for your firm:**

Year Ending: \_\_\_\_\_ \$ \_\_\_\_\_

**Geographic Market (your company is capable of serving):**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Local    | <input type="checkbox"/> Regional      |
| <input type="checkbox"/> National | <input type="checkbox"/> International |

**Provide three current customer references:**

Company Name	Primary Contact Name	Primary Contact's Phone Number

**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_, as well as the ownership thereof. Further, the undersigned agrees to provide current, complete and accurate information regarding actual work performed on a project, the payment therefore and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm.

**I am executing this affidavit, and state that I am properly authorized to execute the affidavit and am doing so as a free act and deed.**

Furthermore, I understand that:

1. I may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain minority business enterprise certification;
2. I may not willfully make a false statement, whether by affidavit, report, or other representation, for the purpose of influencing the certification or denial of certification of any entity as a minority business enterprise; or
3. The Ohio Minority Supplier Development Council reserves the right to request any additional information that it may deem necessary to substantiate the information and representations made by the applicant(s) for subscription services.

The undersigned hereby declares under penalty of perjury that all statements made in this application and any attachments hereto are true and correct. I understand that the Subscription Services Application Fee is included and non-refundable.

Signature of all Proprietor, Partners and President of the Corporation

_____	Date _____	_____	Date _____
_____	Date _____	_____	Date _____
_____	Date _____	_____	Date _____

**Please have this form NOTARIZED, retain a copy of this form for your files, scan and attach a copy to your application.**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ 20\_\_\_\_, before me, (name) \_\_\_\_\_ the undersigned Notary Public, personally appeared (name) \_\_\_\_\_, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public \_\_\_\_\_ (Seal) Commission Expires \_\_\_\_\_

NOTE: Public Law 99-272, the "Consolidated Omnibus Budget Reconciliation Act of 1985," which amends Section 16 of the Small Business Act, establishes penalties of up to a \$50,000 fine or imprisonment of up to five years, or both, for misrepresenting, in writing, the status of any concern or small business owned and controlled by socially and economically disadvantaged individuals (a "DBE") in order to obtain for oneself or another any prime subcontract to be awarded as a result or in furtherance or any provision of federal law that specifically references Section 8(D) if the Small Business Act for a definition of eligibility.