

**OHIO DEPARTMENT OF DEVELOPMENT**  
**MINORITY BUSINESS BONDING PROGRAM**  
**PROGRAM SUMMARY**

The Minority Business Bonding Program is designed to provide bonding assistance to minority businesses who otherwise cannot obtain bonding. The goals of the program are: to produce long term positive results by assisting minority businesses in eventually obtaining bonding from the private sector; and to provide minority businesses with the best opportunity for long-term success and stability, while concurrently reducing the State of Ohio's exposure to losses. The maximum bond amount is one million dollars per company. A premium for each bond issued (not to exceed two percent of the penal sum of the bond) is charged, however there is no charge for bid bonds if the bid is unsuccessful. The Ohio Department of Development's Office of Minority Financial Incentives on a case-by-case basis will determine the actual premium rates charged.

Bonding requests are reviewed and voted on by The Minority Development Financing Advisory Board . The Minority Development Financing Advisory Board (MDFAB) holds monthly meetings. Normally the Office of Minority Financial Incentives staff must receive a Minority Business Bonding Program application at least 30 days before a MDFAB meeting. The 30 days are needed to process the application, gather additional information and prepare a presentation for the MDFAB's approval. Applications that are unusually complex, incomplete or received less than 30 days before a MDFAB meeting will be delayed to a subsequent meeting.

**Since bond applications are approved at monthly meetings of the MDFAB, businesses are encouraged to apply well in advanced of their need for a bond.**

**ELIGIBILITY REQUIREMENTS**

1. The applicant must meet the definition of "Minority Business" as set forth in Section 122.71(E)(1) of the Ohio Revised Code.
2. The applicant must be certified by the Equal Opportunity Division of the Department of Administrative Services as a minority business enterprise.
3. The applicant must have been denied a bond by two surety companies within the past year and must submit written evidence of the denials.
4. The projects for which bonding is sought must be economically sound and must benefit the people of the state by increasing opportunity for employment and by expanding minority business enterprise.
5. The applicant must not have defaulted on a previous bond issued by the Director and no general or limited partner or shareholder in the minority business enterprise may have defaulted on a previous bond issued by the Director.

## **OTHER REQUIREMENTS**

1. The applicant must demonstrate to the satisfaction of the Director of the Ohio Department of Development (the Director) adequate insurance coverage on its business operation and key employees.
2. The applicant must have a line of credit equal to or greater than 20% of the bonded amount or demonstrate to the Director sufficient financial resources to justify a lesser credit facility.
3. The Director will require the personal guarantees against default by the principals and other persons substantially involved in the operation of the business, and other collateral or conditions as is warranted under the circumstances.
4. Once accepted into the program, businesses will be required to provide periodic interim information including (but not limited to) quarterly financial statements prepared by an independent certified public accountant, a license public accountant or someone acceptable to the Director to maintain their eligibility.
5. The Director, at his discretion, may accept single contract financing in lieu of supplementing the applicants line of credit.
6. The Director will require removal of state tax liens.

## **FEES**

The applicant shall pay a premium (in advance) for each bond to be issued by the Director not to exceed two percent of the penal sum of the bond. The premium may be adjusted upward or downward if the contract amount is changed by more than the lesser of 5% or \$10,000.00.

There is no application fee for application to the Minority Business Bonding Program and there is no fee for bid bonds if the applicant's bid is not successful.

## **SELECTION CRITERIA**

The MDFAB will:

- Weigh financial viability (history of profits on a majority of contracts is expected), capacity to perform, and collateral.
- Expect current ratios of at least .98:1 and a debt ratios of less than 5:1
- Evaluate applicant's banking relationships.
- Evaluate whether the applicant has demonstrated ability to compete in the private sector.
- Consider the job generation potential of the project and/or applicant.
- Consider the positive impact to the state of granting the requested assistance to the applicant.
- Act adversely if the applicant submits inaccurate or incomplete information or submits financial statements that are not reliable.

## **APPLICATION PROCEDURE**

Applicants initiate the bond application process by contacting the staff of the Office of Minority Financial Incentives for a brief pre-application session to review the program's eligibility requirements.

If the applicant can meet the program's eligibility requirements, an application package will be sent.

Once the application package has been completed and returned to the Office of Minority Financial Incentives, our staff will review the package. If the application is found to be complete and the staff determines the applicant is eligible, the applicant will be informed that the package will be processed for submission to the MDFAB for approval. New applicants are expected to appear before the MDFAB when their packages are presented.

Applications for the Minority Business Bonding Program are available at the Office of Minority Financial Incentives, 77 South High Street, P. O. Box 1001, Columbus, Ohio 43266-0101, or by calling (800) 848-1300, extension 4-7708 or (614) 644-7708.

## MINORITY BUSINESS BONDING PROGRAM APPLICATION

### A. GENERAL INFORMATION

1. Applicant \_\_\_\_\_
2. Trade Name \_\_\_\_\_
3. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Contact Person \_\_\_\_\_
5. Secondary Contact \_\_\_\_\_
6. Telephone Number ( ) \_\_\_\_\_
7. Fax Number ( ) \_\_\_\_\_
8. E-Mail Address: \_\_\_\_\_

List all owners, officers and key personnel of the company.

Name	Address	Age	Years with Company	Years in Industry	% of Ownership	Title

Please list below any unusual or special circumstances pertaining to your company or this application.

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### B. SUPPORTING DOCUMENTATION

The following supporting documents must be attached to your application. Please number your exhibits as indicated and attach them to the end of the application in order. Forms for Exhibits 8 and 12 are enclosed. **Incomplete submissions may result in delay or denial of your application.**

#### Exhibits (Check if Enclosed)

1. \_\_\_\_\_ Brief history and/or description of the business (business plan preferred)
2. \_\_\_\_\_ Resumes on owners and key employees
3. \_\_\_\_\_ 3 years annual financial statements, with accountants' report and footnotes
4. \_\_\_\_\_ Projected monthly financial statements for at least one year, including balance sheet, income statements and statements of cash flows, with summary of significant forecast assumptions
5. \_\_\_\_\_ Interim financial statements, with accountants' report and footnotes
6. \_\_\_\_\_ 3 years business tax returns, with supporting schedules
7. \_\_\_\_\_ 3 years personal tax returns, with supporting schedules

- 8. \_\_\_\_\_ Personal financial statements of all owners, with supporting schedules
- 9. \_\_\_\_\_ Aging of accounts receivable and payable as of the date of the most recent financial statements submitted
- 10. \_\_\_\_\_ List of equipment owned and/or leased by the applicant
- 11. \_\_\_\_\_ Letter from a bank verifying the applicant's existing line of credit
- 12. \_\_\_\_\_ Status of contracts as of the date of the application
- 13. \_\_\_\_\_ Completed employee organization chart
- 14. \_\_\_\_\_ Ohio Minority Business Certification
- 15. \_\_\_\_\_ Denial letters from two surety companies
- 16. \_\_\_\_\_ General Liability Insurance Certificate

### **FINANCIAL STATEMENT REQUIREMENTS**

Minimum requirements for financial statements submission are summarized in the table below. Please note that financial statements above the minimum requirements are encouraged.

<u>Bonding Level</u>	<b>Initial Application</b>		<b>When in Program</b>	
	<u>Year end</u>	<u>Interim</u>	<u>Year end</u>	<u>Interim</u>
\$100,000 or Less	Compiled	Compiled	Compiled	Compiled
\$100,001 to \$250,000	Compiled (Reviewed preferred)	Compiled	Compiled (Reviewed preferred)	Compiled
\$250,001 to 500,000	Reviewed	Compiled	Reviewed	Compiled
\$500,001 to 1,000,000	Audited	Compiled	Audited	Compiled

The applicant must present to the Director its financial statements, and any other documents as requested, for the past three years of operation, or if in existence for less than three years, its operations to date.

For applications requesting bonding levels of \$100,000 or less, tax returns in lieu of financial statements may be acceptable. Substitutions must be approved by the Office of Minority Financial Incentives staff prior to submission.

Requests for bonding which indicate the expectation of substantial growth, or from companies with weak financial positions must be accompanied by three years projected financial statements in order for the MDFAB to properly evaluate the company's ability to meet its future obligations.

**An independent certified public accountant or someone acceptable to the Director must prepare financial statements. The applicant is encouraged to carefully interview their current or prospective accountants to see if they possess sufficient training and experience to prepare quality financial statements for companies in your line of business, in accordance with generally accepted accounting principles.**

**C. BUSINESS INFORMATION**

- |     | <u>Yes</u> | <u>No</u> |  |
|-----|------------|-----------|--|
| 1.  | ___        | ___       | Has the applicant ever been bonded by a private surety? If yes, why was coverage terminated?                               |
| 2.  | ___        | ___       | Has the applicant ever been bonded by the Director.  |
| 3.  | ___        | ___       | Has there ever been a bond claim against the applicant?  |
| 4.  | ___        | ___       | Are there now or have there ever been any liens, claims or disputes arising from any jobs?                                 |
| 5.  | ___        | ___       | Has the applicant in whole or in part ever failed to perform on a job?   |
| 6.  | ___        | ___       | Are all jobs currently on schedule?  |
| 7.  | ___        | ___       | Has the applicant ever petitioned for bankruptcy or been forced into involuntary bankruptcy.                               |
| 8.  | ___        | ___       | Has any owner of the applicant ever petitioned for bankruptcy or been forced into involuntary bankruptcy?                  |
| 9.  | ___        | ___       | Has there ever been a judgement against the applicant?   |
| 10. | ___        | ___       | Are the company or any of its owners presently involved in any litigation?   |
| 11. | ___        | ___       | Are any taxing authorities engaged in an audit of the applicant's tax returns?   |
| 12. | ___        | ___       | Are the applicant and all owners current on all income and payroll taxes?  |
| 13. | ___        | ___       | Are there now or have there been any liens for failure to pay income or payroll taxes against the applicant or any owners? |
| 14. | ___        | ___       | Does the applicant typically take advantage of prompt payment discounts.   |
| 15. | ___        | ___       | Are all owners and key employees in good health?   |
| 16. | ___        | ___       | Is the applicant a joint venture?  |
| 17. | ___        | ___       | Does the applicant or a more than 20% owner of the applicant own 20% or more of any other company?                         |
| 18. | ___        | ___       | Are all owners of the applicant willing to personally guarantee bonds issued by the Director.                              |

19. How did the applicant learn of the Minority Business Bonding Program?  
\_\_\_\_\_

20. What are the applicant's products or services?  
\_\_\_\_\_

21. What are the specific products or services for which the applicant desires bonding?  
\_\_\_\_\_

(Note: Request for bonding of new products and services are reviewed more critically than requests for bonding of already established products and services.)

22. When was the applicant established? \_\_\_\_\_ Later incorporated? \_\_\_\_\_

23. Is the applicant a sole proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

24. If the applicant is a corporation, has it elected to be taxed as an S Corporation? \_\_\_\_\_

25. If your company uses subcontractors, what is your policy regarding bonds from them?  
\_\_\_\_\_

26. How much bonding assistance is being requested?

Bid Bonds \$ \_\_\_\_\_

Performance and/or payment bonds \$ \_\_\_\_\_

27. Based on this bonding request how many jobs will you create over the next year? \_\_\_\_\_

28. Indicate the company's three largest contracts or sales categories (by product or service) for the past three years.

	20__	20__	20__
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

29. What percentage of your work is done as a prime contractor? \_\_\_\_\_ %

30. What percentage of your work is done as a subcontractor? \_\_\_\_\_ %

31. What size contract does the applicant feel it can best handle? \$ \_\_\_\_\_

32. What is the maximum size contract the company can handle? \$ \_\_\_\_\_

33. What is the total dollar amount of contracts completed in each of the last three years?

20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_

34. Has the company bid more than 10% below the second bidder in the past year?

If yes, provide details on the attached continuation sheet.

35. Is the company equipment adequate for the coming year's anticipated work?

If no, please provide details of any planned large expenditures on the continuation sheet.

36. What is the method of accounting used to prepare financial statements?

Cash  
Accrual  
Percentage of completion

Note: The MDFAB prefers statements prepared using percentage of completion accounting for construction companies and accrual basis for all other companies.

37. What is the applicant's fiscal year end?

38. Who maintains the applicant's general ledger?  
 39. How often are individual job costing records updated?  
 40. Are the applicant's general ledger or job costing records maintained on an in-house computer system? \_\_\_\_\_ What program(s) are used? \_\_\_\_\_  
 41. How often are financial statements prepared? Internally \_\_\_\_\_ By CPA \_\_\_\_\_  
 42. Name, address and telephone number of the CPA preparing financial statements.

Name	Address	Telephone Number

43. Name, address and telephone number of the company's attorney.

Name	Address	Telephone Number

44. Name, address and telephone number of the company's banker.

Name	Address	Telephone Number

45. How much is the applicant's line of credit? \$ \_\_\_\_\_  
 46. If the contracts to be bonded are for the sale of products covered by warranty, indicate how a warranty claim could financially affect your company





**D. WORK HISTORY**

List the five largest contracts completed in the past three years.

**CONTRACT 1**

Contract price \_\_\_\_\_

Date completed \_\_\_\_\_

Name and address and phone number of Architect/Engineer (construction only)

( ) \_\_\_\_\_

Name and address and phone number of Customer

( ) \_\_\_\_\_

Description of Job \_\_\_\_\_

\_\_\_\_\_

**CONTRACT 2**

Contract price \_\_\_\_\_

Date completed \_\_\_\_\_

Name and address and phone number of Architect/Engineer (construction only)

( ) \_\_\_\_\_

Name and address and phone number of Customer

( ) \_\_\_\_\_

Description of Job \_\_\_\_\_

\_\_\_\_\_

**CONTRACT 3**

Contract price \_\_\_\_\_

Date completed \_\_\_\_\_

Name and address and phone number of Architect/Engineer (construction only)

\_\_\_\_\_

( ) \_\_\_\_\_

Name and address and phone number of Customer

( ) \_\_\_\_\_

Description of Job \_\_\_\_\_

\_\_\_\_\_

#### **CONTRACT 4**

Contract price \_\_\_\_\_

Date completed \_\_\_\_\_

Name and address and phone number of Architect/Engineer (construction only)

( ) \_\_\_\_\_

Name and address and phone number of Customer

( ) \_\_\_\_\_

Description of Job \_\_\_\_\_

\_\_\_\_\_

#### **CONTRACT 5**

Contract price \_\_\_\_\_

Date completed \_\_\_\_\_

Name and address and phone number of Architect/Engineer (construction only)

( ) \_\_\_\_\_

Name and address and phone number of Customer

( ) \_\_\_\_\_

Description of Job \_\_\_\_\_

\_\_\_\_\_

E. **EXHIBITS**

**PLACE EXHIBITS FOLLOWING THIS PAGE**

## EXHIBIT 8

### PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_(date)

The applicant must submit completed copies of this form as follows:

1) if a sole proprietorship, by the proprietor; 2) if partnership, by each partner; 3) if a corporation, by each officer and each 20% or greater stockholder; 4) if any person or entity providing a guaranty on the contract bond.

Name, Address and Zip Code  
(of person and spouse submitting statement)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Name, address and Zip Code  
(of business)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_

Taxpayer ID. No.: \_\_\_\_\_

**ASSETS**

Cash on hand/in banks \$ \_\_\_\_\_

Savings Accounts \_\_\_\_\_

U.S. Government bonds \_\_\_\_\_

Accounts & notes receivable \_\_\_\_\_

Life insurance \_\_\_\_\_

Case surrender value only \_\_\_\_\_

Other stocks and bonds  
(describe -section 2) \_\_\_\_\_

Real estate  
(describe - section 3) \_\_\_\_\_

Automobile - present value \_\_\_\_\_

Other personal property  
(describe section - 4) \_\_\_\_\_

Other assets  
(describe section -4) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

**LIABILITIES**

Accounts payable \$ \_\_\_\_\_

Notes payable to banks and others  
(describe - section 5) \_\_\_\_\_

Installment accounts (auto)  
monthly payment \_\_\_\_\_

Installment accounts (other)  
monthly payment \_\_\_\_\_

Installment accounts \_\_\_\_\_

Rental payment \_\_\_\_\_

Loans on life insurance  
(describe section - 6) \_\_\_\_\_

Unpaid taxes  
(describe - section 7) \_\_\_\_\_

Other liabilities  
(Describe section - 8) \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_

**TOTAL LIABILITIES  
AND NET WORTH** \$ \_\_\_\_\_

**SECTION 1. SOURCES OF INCOME** (Describe below all items listed in this section)

Amounts are: annual \_\_\_\_\_ Monthly \_\_\_\_\_

Salary \$ \_\_\_\_\_

Net investment income \$ \_\_\_\_\_

Net rental income \$ \_\_\_\_\_

Other income (describe) \$ \_\_\_\_\_

\_\_\_\_\_

**Note:** It is not necessary to disclose alimony or child support payments in "Other Income" unless it desired to have such payment counted toward total income

**SECTION 2: Other Stocks and Bonds**

Number of Shares	Names of Securities	Cost	Market Value/Quote	Date of Quote	Total Value

**SECTION 3: Real Estate Owned**

Property Address	Purchase Date	Original Cost	Market Value	Name and Address of Note Holder	Note Balance	Payment

**SECTION 4: Other Personal Property and assets**

**SECTION 5: Notes Payable to Banks**

Name and Address of Note holders	Original Balance	Current Balance	Payment Amount	Payment Frequency	Type of Collateral Securing Note

**SECTION 6: LIFE INSURANCE**

Insured	Amount	Type	Cash Value	Loans Payable	Beneficiary	Carrier/ Agency

**SECTION 7: Unpaid Taxes**

(Describe in detail: to whom payable, when due, amount, and what (if any) tax liens have been filed)

**SECTION 8: Other Liabilities**

**SECTION 9: Have you or any entity owned in whole or in part by you applied for bankruptcy or been in involuntary bankruptcy in the past 10 years. If so, please explain.**

As Endorser or Co-Maker	\$ _____
Legal Claim and Judgments	\$ _____
Provision for Federal Income Tax	\$ _____
Other Special Debt	\$ _____

WE certify the above statements contained in the schedules herein is a true and accurate statement of (my) or (our) financial conditions as of the dates stated herein. This statement is given for the purpose of (Check one of the following):

\_\_\_\_\_ Inducing the Director to grant a bond as requested in this application, of the individual or firm whose name appears herein, in connection with which this statement is submitted.

\_\_\_\_\_ Furnishing a statement of (my) or (our) financial condition, pursuant to the terms of the guaranty executed by (me) or (us) at the time the Director granted a bond to the individual or firm, whose name appears herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT'S STATEMENT CERTIFYING ACCEPTANCE  
ADDITIONAL REPRESENTATIONS, COVENANTS AND WARRANTIES**

**IN CONSIDERATION OF THE ACCEPTANCE AND REVIEW OF THIS APPLICATION BY  
THE STATE OF OHIO, APPLICANT AGREES, COVENANTS, REPRESENTS AND  
WARRANTS AS FOLLOWS:**

- A. The information contained in and submitted with this application is complete and correct. (Any person who provides a false statement to secure Economic Development assistance may be guilty of falsification, a misdemeanor of the first degree, pursuant to O. R. C. 2921.13(D)(1), which is punishable by a fine of not more than \$1,000 and or a term of imprisonment of not more than six month.)
- B. Applicant shall supply additional information upon request by the Department of Development.
- C. Applicant has not and shall not pay to any broker, attorney, accountant or any other person assisting it with this application any fee contingent upon the amount of financial assistance obtained from the State of Ohio.
- D. The Department of Development is hereby given authority to contact its legal counsel, accountants, bankers, prime contractors, subcontractors, owners of past and current projects, and material suppliers. Furthermore, the above-mentioned agency is given authority to review credit reports on the applicant company and its owners and officers without prior notice to the applicant company.
- E. Applicant intends and expects to provide employment opportunities in Ohio as represented in this application for assistance.
- F. The filing of this application for assistance in no way obligates the Department of Development or the State of Ohio to pursue this project.

THE UNDERSIGNED HAS FULL POWER AND AUTHORITY TO EXECUTE, DELIVER, PERFORM AND ENTER INTO AND CARRY OUT THE PERFORMANCE OF THIS APPLICATION ON BEHALF OF THE APPLICANT COMPANY.

The applicant is hereby put on notice that the Director shall cancel or refuse a bond to any person who intentionally misrepresents himself as owning, controlling, operations, or participating in a minority business enterprise for the purpose of obtaining funds, contracts, subcontracts, services or any other benefits under sections 122.71 to 122.85 or 122.87 to 122.89 of the Revised Code.

Applicant's/company's legal name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title





**Ohio Department of Public Safety**  
**Division of Homeland Security**  
<http://www.homelandsecurity.ohio.gov>

**GOVERNMENT BUSINESS AND FUNDING CONTRACTS**

In accordance with section 2909.33 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

**COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION**

BUSINESS/ORGANIZATION NAME				
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
PHONE NUMBER				

**DECLARATION**

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No

GOVERNMENT BUSINESS AND FUNDING CONTRACTS - CONTINUED

3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? <input type="checkbox"/> Yes <input type="checkbox"/> No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date