

CONNECTICUT VETERAN-OWNED MICRO BUSINESS CERTIFICATION APPLICATION

Pursuant to Public Act 16-184, effective October 1, 2016, Connecticut Veteran-owned micro businesses shall be afforded a fifteen per cent price preference in the determination of the lowest responsible qualified bidder by the Connecticut Department of Administrative Services (DAS) pursuant to Conn. Gen. Stat. Section 4a-59 as amended.

ELIGIBILITY: To receive the fifteen per cent price preference, a bidding business must first obtain a Veteran-owned Micro Business certification from the Connecticut Department of Veterans Affairs. The Certification is valid for six months or until such time as the business is no longer in compliance with the statutory requirements, which ever occurs first. The Certification must be submitted to DAS along with your business' state contract bid.

INSTRUCTIONS

1. Complete and sign application form (CTVOMB -1) on second page of this document.
2. Provide proof of honorable military service (e.g. DD Form 214 or other documentation if DD Form 214 is unavailable).
3. Provide proof of current Registration as Business with CT Secretary of the State.
4. Provide documentation establishing the percentage of Veteran ownership of the business.(e.g business plan, operating agreement, meeting minutes, shares report, stock certificate breakdown, tax forms with ownership per cent.
5. Provide proof of annual gross income for most recent fiscal year (e.g. CT state income tax return, audited financial statement).

DEFINITIONS

"Veteran-owned micro business" means a micro business of which at least fifty-one per cent of the ownership is held by one or more veterans, as defined in Conn. Gen. Stat. subsection (a) of section 27-103.

"Micro business" means a business with gross revenues not exceeding three million dollars in the most recently completed fiscal year

SEND APPLICATIONS & SUPPORTING DOCUMENTATION BY MAIL OR EMAIL TO:

Department of Veterans Affairs
ATTN: Veteran-Owned Micro Business Certification
287 West Street
Rocky Hill, CT 06067
Email: Thomas.Stefanko@ct.gov

For Questions regarding the Certification Process contact the Department of Veterans Affairs: Thomas Stafanko or Thomas Saadi at 860-616-3600.

For Questions regarding the State Contract Bidding process contact the Department of Administrative Services Procurement Division at 860-713-5095.

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1. Business Information (All Applicants Must Complete This Section)			
Registered business name		List any "Doing Business As" names	
Business Primary Mailing Address			
Business Primary Street Address (if different from mailing address)			
Primary Phone Number	Secondary Phone Number	E-Mail	
2. Business Owner(s) Information: (If more then two owners attach additional type written sheet with information)			
Business Owner's Full Name	Owner's mailing Address	Owner's Phone & e-mail	
Proof of Honorable Discharge Provided <input type="checkbox"/> DD 214 <input type="checkbox"/> Other: _____			
Business Owner's Full Name	Owner's mailing Address	Owner's Phone & e-mail	
Proof of Honorable Discharge Provided <input type="checkbox"/> DD 214 <input type="checkbox"/> Other: _____			
3. Percentage of Ownership: (For Each Veteran Business Owner State Name and Percentage of Ownership of Business)			
Name: _____	Percentage of Ownership _____	<u>Provide supporting documentation establishing the percentage of ownership of the business.</u>	
Name: _____	Percentage of Ownership _____		
4. Statement of Annual Income: (Micro Business Has Gross Income not Exceeding \$3 Million in most recent Fiscal Year)			
Business Annual Income for fical Year _____ was _____		<u>Provide proof of annual gross income for most recent fiscal year.</u>	
5. Information Verification and Acknowledgment (All Applicants Must Complete This Section)			
I/We understand that this application requires supporting documentation including military, business and tax records as the means of determining eligibility for Certification as a Connecticut Veteran Owned Micro Business. Failure to provide the requested information may result in the inability to verify eligibility which will result in the denial and return of this application. By submitting this form, I/We understand that the Department of Veterans Affairs will enroll me in the Connecticut Veterans Registry in order to provide notification as to other Veteran benefits. I/We attest that the information provided in this application and attachments are true and correct to the best of my/our knowledge under penalty of law.			
SIGNATURE OF APPLICANT _____		SIGNATURE OF APPLICANT _____	
DATE SIGNED: _____		DATE SIGNED: _____	
6. Certification (TO BE COMPLETED BY CONNECTICUT DEPARTMENT OF VETERANS AFFAIRS)			
CERTIFICATION APPROVED <input type="checkbox"/> Certification Expires: day ___ month ___ year ___ CERTIFICATION DENIED <input type="checkbox"/>			
SIGNATURE & TITLE OF CT DVA VERIFICATION OFFICER _____		DATE _____	
Reason for Ineligibility			
___ Lack of documentation – Could not verify eligibility		___ Gross Income greater then \$3 Million.	
___ Did not have qualifying military service.		___ Business not 51% or more Veteran owned.	
___ Veteran not honorably discharged.			