

## **PEORIA PARK DISTRICT**

## **Company Ownership Certification**

In compliance with Illinois Public Act 102-265, and Peoria Park District policy, disclosure of the information requested in this form is required by the Peoria Park District. Failure to properly complete and sign this form will result in it being returned unprocessed thereby resulting in a delay or denial of Company's eligibility to transact business with Peoria Park District.

Please answer all questions. Note, Company may answer "Yes" to more than one category.

<ul> <li>Is the Company a Minority Owned Business?</li> <li>Check One:</li> </ul>	YESNO
Company holds Certification for this classification for the classification for this classification for the classificati	tion, or
• Is the Company a Woman Owned Business? Check One:	YESNO
<ul><li>Company holds Certification for this classification</li><li>Company is self-certifying</li></ul>	tion, or
<ul> <li>Is the Company a Disability-Owned Business?</li> <li>Check One:</li> <li>Company holds Certification for this classification</li> </ul>	
<ul><li>Company is self-certifying</li><li>Is the Company a Veteran Owned Business?</li></ul>	YES NO
Check One:  Company holds Certification for this classification company is self-certifying	
<ul> <li>Is the Company a Service Disabled Veteran Owned Check One:</li> </ul>	d Business? YES NO
<ul><li>Company holds Certification for this classifica</li><li>Company is self-certifying</li></ul>	tion, or
Does Company qualify as a small business under federal S <a href="https://www.sba.gov/document/support-table-size">https://www.sba.gov/document/support-table-size</a>	e-standards
Please list the name(s) of the Company majority owner(s).  Does Company have any parent and/or subsidiary companies:  If yes, please list all companies:	nies? YES NO
By signing this form, the Company and the individual signing be truthfully, to the best of their knowledge.	pelow attest that the above questions have been answered
Company Name	Company Address
Signature of Company Official	Name / Title
Telephone Number & Fax Number	Email Address



## PEORIA PARK DISTRICT

## **Definitions for Company Ownership Certification**

- Selected Classification of <u>Owned Business</u> means a business which is at least 51% owned by one or more persons of
  the selected ownership classification (i.e. minority, women, veteran, etc.), or in the case of a corporation, at least
  51% of the stock in which is owned by one or more persons of the selected ownership classification; and the
  management and daily operations of which are controlled by one or more of the selected ownership classification
  individuals who own it.
- Control means the exclusive or ultimate and sole control of the business including, but not limited to, capital investment and all other financial matters, property, acquisitions, contract negotiations, legal matters, officer-director-employee selection and comprehensive hiring, operating responsibilities, cost-control matters, income and dividend matters, financial transactions and rights of other shareholders or joint partners. Control shall be real, substantial and continuing, no pro forma. Control shall include the power to direct or cause the direction of the management and policies of the business and to make the day-to-day as well as major decisions in matters of policy, management and operations. Control shall be exemplified by possessing the requisite knowledge and expertise to run the particular business and control shall not include simple majority or absentee ownership.
- <u>Minority</u> person shall mean a person who is a citizen or lawful permanent resident of the United States and who is any of the following:
  - a) American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment).
  - b) Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
  - c) Black or African American (a person having origins in any of the black racial groups of Africa).
  - d) Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).
  - e) Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- <u>Woman</u> shall mean a person who is a citizen or lawful permanent resident of the United States and who is of the female gender.
- <u>Veteran</u> means a person who (i) has been a member of the armed forces of the United States or, while a citizen of the United States, was a member of the armed forces of allies of the United States in time of hostilities with a foreign country and (ii) has served under one or more of the following conditions: (a) the veteran served a total of at least 6 months; (b) the veteran served for the duration of hostilities regardless of the length of the engagement; (c) the veteran was discharged on the basis of hardship; or (d) the veteran was released from active duty because of a service connected disability and was discharged under honorable conditions.
- <u>Service-Disabled Veteran</u> means a veteran who has been found to have 10% or more service-connected disability by the United States Department of Veterans Affairs or the United States Department of Defense.
- A <u>Person with a Disability</u> means a person who is a citizen or lawful resident of the United States and is a person qualifying as being disabled, meaning a person with a severe physical or mental disability that:
  - a) results from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, Crohn's disease, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, an intellectual disability, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders, including stroke and epilepsy, paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, ulcerative colitis, specific learning disabilities, or end stage renal failure disease; and
  - b) substantially limits one or more of the person's major life activities.
  - Another disability or combination of disabilities may also be considered as a severe disability for the purposes of item (a) of this subdivision if it is determined by an evaluation of the rehabilitation potential to cause a comparable degree of substantial functional limitation similar to the specific list of disabilities listed in item (a) of this subdivision.
- <u>Certification</u> means a determination made by the Business Enterprise Council for Minorities, Women, and Persons with Disabilities, or by one delegated authority from the Council to make certifications, or by a State agency with statutory authority to make such a certification, that a business entity is a business owned by a minority, woman, or person with a disability for whatever purpose.