

Wisconsin Supplier Diversity Program

Annual Update Instructions

1. Log into the Wisconsin Supplier Diversity using your log on.



WISCONSIN DEPARTMENT OF ADMINISTRATION
DIVISION OF ENTERPRISE OPERATIONS
 WISCONSIN SUPPLIER DIVERSITY PROGRAM
 BUSINESS CERTIFICATION PROGRAM

For Recertification/Annual Updates: [Log In](#)
[Instructions for New Application](#)
[Instructions for Recertification](#)
[Instructions for Annual Update](#)

Home Search for a business Apply for Certification Information

WELCOME TO THE WISCONSIN SUPPLIER DIVERSITY PROGRAM - BUSINESS CERTIFICATIONS

Search Certified Suppliers Database
 Apply for Certification
 Login

Certification Types

Minority Business Enterprise - MBE More Info	Woman-Owned Business Enterprise - WBE More Info	Disabled Veteran Business - DVB More Info
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Eligibility

- Must meet qualifying criteria for the business certification applying for (MBE/WBE/DVB)
For information on qualifying criteria click on the "More Info" link under the Certification Type
- Businesses must be a year old at the time of application.
- Is the business located out of the State of Wisconsin? [More Info](#)

Application Steps

1. Register the business <ul style="list-style-type: none"> • Enter basic business information • Enter primary contact information • Enter login ID and password • Click here to start the registration process 	2. Login and Complete Application <ul style="list-style-type: none"> • Enter detailed business information • Agree to Certification Affidavit • Submit required documentation • Pay the required fee (if applicable) 	3. Review Process <ul style="list-style-type: none"> • Application review by certification consultant • On-site visit and interview of key personnel • Final Certification decision
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2. Once logged in, select **COMPLETE ANNUAL UPDATE** and please verify that the business contact information and name listed is correct.



Start New Application Complete Application **Complete Annual Update** Complete Recertification

[Instructions for New Application](#) [Instructions for New Application](#) [Instructions for Annual Update](#) [Instructions for Recertification](#)

Upload Documents

*Note: Supporting documentation will be required with your application. To view the list of required documents click [here, Document Checklist](#)

- Use the “Edit” buttons to change any contact or business information that is incorrect.

Viewing Business Information for: [redacted] [Add New Business](#)

Business Information [Edit](#)

Contact Information [Edit](#) WBE - New/Not Submitted

- Click the **BUSINESS INFORMATION** tab on the left in order to update your **GROSS RECEIPTS** and click **EDIT**.

Use the [edit](#) button to enter the business information for each section.

Business Information [Edit](#)

Codes

Customers **DUNS:**

Accounts/Services **Legal Structure:**
LimitedLiabilityCorporation_LLC

Ownership/Management **Type of Business:**
Services 100%

Other Certifications

Other Information

Verify

Upload Documents **Date Business was established:** 7/30/2015 **Date current owner(s) acquired majority ownership:** 7/30/2015

Products and Services:
stones

Gross receipts for the most recent three (3) years:
2012 \$50.00
2013 \$0.00
2014 \$0.00
2015 \$5,000.00

Date Business Established: Provide the date that the business initially began. The date, in some instances, may occur before the applicant’s ownership interest in the business commenced.
Date applicant acquired majority ownership: The date is when the 51% majority ownership of the business by the MBE or WBE occurred. Corporations, LLC’s and LLP may support this date by the articles of incorporation, by-laws, stock certificates, purchase agreement or other documentation evidencing the applicant’s majority

- Then select **ADD NEW RECORD** for gross receipts/total revenue and provide the information requested for the previous year.

Gross receipts for the most recent three (3) years: *

Year	Gross Receipts	
2012	\$50.00	Edit
2013	\$0.00	Edit
2014	\$0.00	Edit
2015	\$5,000.00	Edit

[+ Add new record](#) [Refresh](#)

[Save](#) [Cancel](#)

6. Enter the **YEAR AND GROSS RECEIPTS**. Click **INSERT**, once information is displayed, click **SAVE**.

Gross receipts for the most recent three (3) years: *

Year	Gross Receipts	
Year:	<input type="text"/>	
Gross Receipts:	<input type="text"/>	
Insert Cancel		
2012	\$50.00	Edit
2013	\$0.00	Edit
2014	\$0.00	Edit
2015	\$5,000.00	Edit
+ Add new record Refresh		

7. Choose the **OTHER INFORMATION** tab and click **EDIT** for the annual size of current employee workforce. Enter the total number of employees and click “Save” or check the box if information has not changed.

Certification	Use the 'edit' button to enter current number of employees (or check the box if there are no changes). Use the 'edit' button at the bottom of the page to answer the remaining questions about the business.
Business Information	
Codes	
Customers	Annual size of current employee workforce (Including working owners). MBE certification applicants complete c) and d). *
Accounts/Services	Year: 2016
Ownership/Management	a. Total full-time employees: 2
Other Certifications	b. Total part-time employees: 0
Other Information	c. Total full-time minority employees: 0
Verify	d. Total part-time minority employees: 0
Upload Documents	Edit <input type="checkbox"/> Check this box if info hasn't changed

1. Has the business or owner applied for reorganization under Chapter 11 and/or liquidation under Chapter 7 within the last three years?
 No Yes If Yes, please provide a brief explanation as to circumstances surrounding bankruptcy:
2. If the business is a corporation, LLC, or partnership, please list the following information:
 - a) Total shares/units authorized: 0
 - b) Total shares/units issued to date: 0
 - c) Are there any restrictions that limit the voting rights of ethnic minority or women group members, who are shareholders, within the By-laws or Articles of Incorporation, or any other documents?
 No Yes If Yes, please provide a brief explanation as to the restrictions:
3. Does the business have any agreements, written or oral, or regular working arrangements with any other firm?
 No Yes If Yes, describe the agreement or working arrangement:
4. Is any owner or board member of the business an owner or former owner of another firm engaged in the same or similar type of enterprise?
 No Yes If Yes, describe the same or similar enterprise:
5. Is any owner or board member of the business employed by any other firm?
 No Yes If Yes, describe the same or similar enterprise:
6. Does any board member of the business own or work for other firms which have a relationship with the

8. Choose the **VERIFY** tab (which is the second to last tab on the left side of the page in blue). Then click the **VERIFY/SUBMIT APPLICATION** link below the certification type (MBE, DVB, WBE) you are working on.

9. You will come to the **VALIDATION SUMMARY** screen. This will show you which sections of the application are incomplete. Please return to any sections indicated on this page that are missing information and complete the section within the 30 days allowed for the annual update.

Wisconsin Minority Business

VALIDATION SUMMARY
All required fields must be entered before your application is complete.

Tab Location	Required Field	Complete
BUSINESS INFORMATION Tab	Legal Structure must be selected.	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Type Of Business must have at least one value.	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Type Of Business (Total of all types entered must equal 100%)	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Date Business was Established	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Date current owner acquired majority ownership	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Gross Receipts (At least one year must be entered.) Gross Receipts (Previous year must be entered.)	<input checked="" type="checkbox"/>
CODES Tab	NIGP Codes (Must have at least one.)	<input checked="" type="checkbox"/>
CODES Tab	NAICS Codes (Must have at least one.)	<input checked="" type="checkbox"/>
CUSTOMERS Tab	Customer References (A minimum of three is required.)	<input checked="" type="checkbox"/>
ACCOUNTS/SERVICES Tab	Service Type (Must have at least one Bank.)	<input checked="" type="checkbox"/>
OWNERSHIP/MANAGEMENT Tab	An Ownership record is required.	<input checked="" type="checkbox"/>
OWNERSHIP/MANAGEMENT Tab	All of the management decisions required except Union Negotiations.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Workforce is required for all certifications.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 1 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 4 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 5 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 6 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 7 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 8 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>

Congratulations! You have completed all of the necessary requirements to submit your application.

[Submit Certification](#) [Print Window](#)

CertSummary.aspx?CTYP=WBE&WBEID=e9ca05f0-f444-e511-80df-0050568c1019&DVBID=

10. After you have completed all sections, **repeat steps 5-6 and then click SUBMIT CERTIFICATION** at the bottom of the validation summary page. This will take you to the **CERTIFICATION AFFIDAVIT**, where you should read the information and click **ACCEPT**.

Wisconsin Minority Business

Certification Affidavit for Business Enterprises Owned by Woman.

Hereafter, the following definitions are used: (a) "Business" refers to the business enterprise seeking certification. (b) "Department" refers to the Wisconsin Department of Administration. (c) "Staff" refers to Department employees assigned to the program from which certification is being sought, together with any other Department officials or employees who provide assistance or supervision to program Staff.

I do herein certify that all information provided to the Department and its Staff shall be true and correct.

I understand that the information herein will be used for the purposes of certifying the Business as a Woman-Owned Business Enterprise.

I understand that any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the applicable program Staff any such materials that may be required to substantiate the degree of woman ownership and control of the Business. I agree to arrange for on-site inspections of the Business facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the Business to the applicable program Staff within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation may result in the decertification of the Business.

I hereby represent that I am familiar with the applicable provisions of the relevant program for which I am seeking certification, as found in the Wisconsin Statutes and Administrative Code.

I understand that this application seeks private and other confidential information, including financial, personally identifiable and other proprietary information not generally known to the public. Except as otherwise required by court order, legal process or other applicable Federal or Wisconsin law including, without limitation, the Wisconsin Open Records Law, ss. 19.31-19.39, Wis. Stats., and that the Department and its Staff shall not reveal or disclose any financial or personally identifiable information provided by the applicant to any non-governmental person or entity without the express written consent of the applicant. Omission of information may cause this application to not receive timely and complete consideration.

I authorize the Staff to make inquiries as necessary to verify the accuracy of the statements made to determine the eligibility of the Business for the certification sought. Further, I agree to allow Staff access to and the right to a site visit of the place of Business.

I understand that the Department reserves the right to request further information from the applicant prior to certification. I also agree to immediately notify the Department of all facts that would result in a failure to satisfy the requirements contained in the guidelines.

I hereby affirm that the woman interest(s) to be certified have majority control of the daily business operations.

Press here if you would like to submit your application and continue with your registration. *Press here if you do not agree with the above statement and would prefer to cancel your registration.*

This will complete the submission of your annual information update.

