



***Dear Reciprocal Services Request Applicant:***

Thank you for your interest in Reciprocal Services from the Great Plains Minority Supplier Development Council (GPMSSDC), Inc. The GPMSSDC is the preeminent organization in the Nebraska/Western Iowa Regions dedicated to increasing procurement opportunities for Minority Business Enterprises (MBE). GPMSSDC is a regional affiliate of the *National Minority Supplier Development Council (NMSDC)*, which has more than 3,500 corporations among its members; more than 45 corporate members are in the Nebraska/Western Iowa regions.

Enclosed is a copy of the GPMSSDC ***Minority Business Enterprise (MBE) Reciprocal Services Request***. This request is universally accepted within the NMSDC network. Please complete the request in its entirety. If certain information is not applicable, please state so on the form.

A criterion for “Reciprocal Services” from the GPMSSDC is as follows: that a MBE must be ***“certified and in good standing” with a regional affiliate (home council) of the NMSDC.***

<b>2009-10 GPMSSDC RECIPROCAL SERVICES APPLICATION CHECKLIST</b>
--

- ☞ \_\_\_\_\_ Present your home state certificate
- ☞ \_\_\_\_\_ Complete Reciprocal Services Request Application
- ☞ \_\_\_\_\_ Enclose Reciprocal Service fee of **\$200**. Please pay with a business check or money order (call the Council at 402-614-9355 to request other methods).

**GREAT PLAINS MSDC, INC.  
2009-10 MBE RECIPROCAL SERVICES REQUEST**

Date: \_\_\_\_\_

**Section I** Name of Firm (name as appears on the Home Council Certificate):

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Year Firm Started: \_\_\_\_\_

Date Business started: \_\_\_\_\_

Method of Acquisition (check one): \_\_\_\_\_ Bought existing business \_\_\_\_\_ Started a new business  
\_\_\_\_\_ Secured a franchise \_\_\_\_\_ Merger or Consolidation

Other (specify) \_\_\_\_\_

8(A) certified: \_\_\_\_\_ Sinking Fund #: \_\_\_\_\_ Contract termination date: \_\_\_\_\_

Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_ # of minority employees: \_\_\_\_\_

List home council(s) you are currently certified with and certification date:

Council (**Certified/Home**) \_\_\_\_\_ Date: \_\_\_\_\_

**Section II**

**Geographical Market: (circle one & list as appropriate).**

Local: \_\_\_\_\_ Regional: \_\_\_\_\_  
National: \_\_\_\_\_ International: \_\_\_\_\_

**Type of Business Structure: (circle one)**

**C** Corporation      **I** Individual      **P** Partnership      **S** Sole Proprietorship      **L** LLC

**Type of Business: (circle primary function)**

**DS** Distributor      **CC** Construction Contractor      **MF** Manufacturer      **MR** Manuf. Rep.  
**CP** Consultants/Professionals      **SC** Service Contractor      **BA** Brokers/Agents

Nature of Business: (provide full descriptive information and **relevant NAIC CODES - codes must be the same as those on home council certificate/MBISYS form**) - use six digit code numbers only

NAICS Code (1): \_\_\_\_\_

NAICS Description: \_\_\_\_\_

\_\_\_\_\_

Minority Ownership: (Specify the ethnic origin and % of ownership of the person(s) who own & control the firm)

<b>BLM</b> Black American Male _____%	<b>BLF</b> Black American Female _____%	<b>HIM</b>
Hispanic American Male _____%	<b>HIF</b> Hispanic American Female _____%	<b>NAM</b>
Native American Male _____%	<b>NAF</b> Native American Female _____%	<b>APM</b> Asian-
Pacific Amer. Male _____%	<b>APF</b> Asian-Pacific Amer. Female _____%	<b>AIM</b> Asian-Indian Amer.
Male _____%	<b>AIF</b> Asian-Indian Amer. Female _____%	
<b>Non-M</b> Non-minority _____%	(Total ownership % must equal 100%)	

The undersigned affirms 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.

**I am executing this affidavit, and state that I am properly authorized by (name of firm) \_\_\_\_\_ to execute the affidavit and am doing so as a free act and deed.**

Furthermore, I understand that I may not:

- a) fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain minority business enterprise certification:
- b) willfully make a false statement, whether by affidavit, report, or other representation, to state official or employee for the purpose of influencing the certification or denial of certification of any entity as a minority business enterprise; or
- c) willfully obstruct, impede, or attempt to obstruct or impede any state official or employee who is investigating the qualifications of a business entity which had requested certification as a minority business enterprise.
- d) any material misrepresentation will be grounds for initiating action under Federal or State laws concerning false statements.

**SIGNATURE:** \_\_\_\_\_

(Appropriate Company officer)

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.  
This page will not be added after purchasing Win2PDF.