



Office of Supplier Diversity
EQUAL BUSINESS OPPORTUNITY PROGRAMS

Mitchell J. Landrieu, Mayor

STATE & LOCAL
DISADVANTAGED BUSINESS ENTERPRISE
CERTIFICATION APPLICATION

Applicant Firm

Contact Person

Telephone

OFFICE USE ONLY	DATE
Initial Application Received	
Additional Information Requested	
Additional Information Received	
Site Visit Completed	
Panel Review	
Certified Denied (Circle One)	
Appeal Review	
Certified Denied (Circle One) Upon Appeal	

Revised: November 2012

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Program

Certification Application Instructions

A. Introduction

The City of New Orleans implements the **State and Local Disadvantaged Business Enterprise Program** (hereinafter referred to as the 'SLDBE Program' or 'the Program') as a race- and gender-neutral program to provide for the participation of businesses owned by socially and economically disadvantaged persons to participate in contracting opportunities with the City of New Orleans.

In 2003, the City of New Orleans joined with the New Orleans Aviation Board (NOAB) and the Sewerage & Water Board of New Orleans (SWB) in a Cooperative Endeavor Agreement (CEA) to participate in the SLDBE Program. In 2004, Harrah's Jazz Casino of New Orleans (Harrah's) joined the CEA. The CEA authorizes reciprocity for any firm that is certified through any of the CEA member agencies. If your firm is SLDBE certified through the NOAB, the SWB or Harrah's, you do not have to complete the City's SLDBE application because your firm has already been granted certification reciprocity as a SLDBE certified firm.

B. Who Qualifies for the SLDBE Program

A business may qualify for the SLDBE Program if it is determined that the firm's ability to compete in the business world has been restricted due to industry practices, limited access to capital and/or restricted credit opportunities that are beyond the firm's control. A business may also qualify as a SLDBE certified firm if it is owned, operated and controlled by:

1. One or more socially and economically disadvantaged person(s) and
2. That person or those persons own, operate and control at least 51% of the company.

The SLDBE Program is a race- and gender-neutral program that does not presume social and economic disadvantage. The applicant must demonstrate both social and economic disadvantage to qualify for the program.

An eligible SLDBE firm must be an independent business in which the ownership and control by a socially and economically disadvantaged person is real, substantial and continuing. The SLDBE owner(s) must share in the risks and profits commensurate with their ownership interests. The owner(s) of the SLDBE firm must possess the power to direct or cause the direction of day-to-day management and major decisions of the firm. There can be no restrictions in the bylaws, operating agreement or other document which prevents the SLDBE owner(s) from making a business decision without the corporation or vote of any non-SLDBE owner. If non-SLDBE owners of the firm are disproportionately responsible for the operation of the firm, the firm cannot be considered an SLDBE.

C. Certification Procedures

The City of New Orleans will only certify those businesses which are at least 51% owned, operated and controlled by a person who is socially and economically disadvantaged. Each firm wishing to be certified as a SLDBE must complete and submit one (1) original and four (4) copies of the SLDBE application along with all of the required supporting documents to the Office of Supplier Diversity. A firm must also undergo an on-site visit before the application is submitted to the SLDBE Certification Panel for consideration of approval.

The City of New Orleans' Office of Supplier Diversity will take the following steps in gathering and/or verifying information needed for evaluation of an application for certification:

1. Perform an on-site visit at the office of the firm and to any job site(s) at which the firm is working at the time of application.
2. Obtain the resume(s) and work history of the principal owner(s) of the firm and personally interview the principal(s).
3. Analyze the ownership of stock in the firm if it is a corporation.
4. Analyze the partnership agreement, articles or incorporation/organization, and/or joint venture agreement.
5. Analyze the bonding and financial capacity of the firm.
6. Determine the work history of the firm, including contracts it has received and work it has completed.
7. Obtain or complete a list of equipment owned or available to the firm and the licenses of the firm and its key personnel to perform the work it seeks to do as part of the SLDBE Program.
8. Obtain a statement from the firm of the type of work it intends to perform as part of the SLDBE Program.

D. The SLDBE Certification Panel

After the Office of Supplier Diversity has conducted an on-site visit and obtained all required documents, the Office will submit the application and supporting documents to the Certification Panel for consideration as a SLDBE certified firm. The Certification Panel is an independent panel consisting of at least three (3) individuals who are qualified with doctorate degrees in economics, sociology, social work, or related fields.

The decision as to whether a firm can be certified as a SLDBE firm will be made solely by the Certification Panel. The Certification Panel shall set its own rules for the conduct of its meetings, the dates and times thereof and agenda for each meeting.

The Certification Panel shall notify the Office of Supplier Diversity of its decisions. Upon receipt of the findings and decisions of the Certification Panel, the Office of Supplier Diversity shall give written notification to the applicant of the Certification Panel's decision and set out any further steps the applicant has to take, if necessary. If certification is denied, the written notification shall notify applicant of the appeal procedure.

E. Appeals of Certification Denials

Any firm which believes that it has been wrongly denied certification as a SLDBE firm may file an appeal with the Certification Panel for a review of the denial and present information and written to the Certification Panel.

The appeal shall be written, dated, signed and filed no later than ten (10) business days after the date of the letter of notification from the Office of Supplier Diversity. Said appeals should be addressed to:

City of New Orleans
Office of Supplier Diversity
Equal Business Opportunity Programs
Attn: Certification Officer
1340 Poydras, 10th Floor
New Orleans, LA 70112

Third parties who have reason to believe a firm has been wrongly granted certification may so advise the Certification Panel in writing. The Certification Panel may deny the firm in question eligibility to participate as a SLDBE on any City of New Orleans contract let pending investigation of the allegation.

The firm to which certification was denied will have the opportunity to respond in writing and to present information, documents, and written and/or oral arguments to the Certification Panel. After reviewing the materials and documents presented along with written and/or oral arguments, the Certification Panel shall render a decision.

F. Decertification Procedures

Whenever the City of New Orleans has reason to believe that a currently certified firm is no longer eligible, the firm will be afforded due process prior to revoking its eligibility. The steps to be used are:

1. A letter will be sent to the firm, stating that the SLDBE Program is contemplating decertification.
2. A brief description of the reasons for the proposed action will be included.
3. The firm will be given an opportunity to respond in writing to present information and arguments.
4. The decision will be based on the entire record.

These procedures are included in the SLDBE Program to ensure fairness, provide due process to SLDBE firms whose state has been challenged, and to prevent unnecessary litigation. When the City of New Orleans completes a decertification, it shall, in writing, advise the firm that an appeal may be filed within ten (10) days of the decision with the Certification Panel. An appeal must be in writing, dated and signed. The appeal should be sent to:

City of New Orleans
Office of Supplier Diversity
Equal Business Opportunity Programs
Attn: Certification Officer
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New Orleans, LA 70112

G. Completing the SLDBE Certification Application

1. Answer all questions on Schedule A- Business Questionnaire completely.
2. Answer all questions on Schedule B- Owner's Questionnaire completely. Each owner claiming social and economic disadvantage must complete a separate Schedule B.
3. Each owner's spouse must answer all questions on Schedule C- Owner's Spouse Questionnaire. Each owner claiming social and economic disadvantage must have his/her spouse complete a separate Schedule C. If you are unmarried, you do not have to complete Schedule C.
4. Each owner claiming social and economic disadvantage must complete a Personal Financial Statement.
5. Complete, sign and have notarized Schedule D- Affidavit.
6. Supply all relevant items on the Supporting Documents Checklist. If an item on the checklist does not apply to your firm, indicate so.
7. Submit the SLDBE Certification Application and supporting documentation to:

City of New Orleans
Office of Supplier Diversity
Equal Business Opportunity Programs
Attn: Certification Officer
1340 Poydras, 10th Floor
New Orleans, LA 70112

H. Supplemental Information/Instructions

All required forms are available for download at www.nola.gov.

This SLDBE certification application is a PDF fill-in form. You must have Adobe Acrobat Reader 4.0 or higher to fill-in the forms. You can download Adobe Acrobat for free at www.Adobe.com.

If you need additional space to answer any of the questions in the application, you may do so on a separate page.

If you need assistance completing the application or have questions about the SLDBE certification application, you may contact the City of New Orleans' Office of Supplier Diversity at (504) 658-4200.

This application was revised in November 2012 and replaces all previous versions.



Office of Supplier Diversity

EQUAL BUSINESS OPPORTUNITY PROGRAMS

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

CONFIDENTIALITY OF APPLICATION DOCUMENTS

BE IT KNOWN that the City of New Orleans, the Sewerage and Water Board of New Orleans, the New Orleans Aviation Board, and Harrah's Jazz Casino of New Orleans declare and designate:

All business, financial and proprietary records, personal background information, data or research work reflecting written memorialized or oral information relating to the proprietary records of the business, business practices, or personal history of the applicant is private and the undersigned entity communicates such information with the expectation and on the condition that it be used and maintained on a confidential basis only, and not be disclosed to any unauthorized person, persons, entity, or entities.

DESIGNATING ENTITY- CITY OF NEW ORLEANS

**STATE & LOCAL
DISADVANTAGED BUSINESS ENTERPRISE (SLDBE)
CERTIFICATION APPLICATION**

COMPLETING THE APPLICATION

THIS APPLICATION IS A PDF FILL-IN DOCUMENT. YOU MAY COMPLETE THE APPLICATION ON YOUR COMPUTER BY TYPING IN YOUR ANSWERS FOR EACH SECTION.

YOU MUST HAVE ADOBE READER, ADOBE PROFESSIONAL, OR A PDF SOFTWARE PROGRAM THAT ALLOWS YOU TO COMPLETE (FILL IN) THE APPLICATION ON YOUR COMPUTER. YOU CAN DOWNLOAD A FREE COPY OF ADOBE READER AT WWW.ADOBE.COM.

IT IS HIGHLY RECOMMENDED THAT YOU COMPLETE THE SLDBE APPLICATION USING ADOBE READER, ADOBE PROFESSIONAL, OR A PDF SOFTWARE PROGRAM THAT ALLOWS YOU TO COMPLETE (FILL IN) THE APPLICATION ON YOUR COMPUTER SO THAT YOU CAN SAVE AND/OR EDIT YOUR APPLICATION AND SO THAT THERE IS NO DELAY IN COMPLETING A REVIEW OF YOUR APPLICATION DUE TO ISSUES OF NEATNESS WITH HANDWRITTEN APPLICATIONS.

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Supplier/Vendor Contact Information

Company Name: _____

Doing Business As (DBA) Name: _____

ADDRESS

Street Address: _____ Room/Floor/Suite: _____

City: _____ State (Province or Region): _____

Zip Code: _____ Parish (County): _____

Website(s): _____

CONTACT PERSON

Contact Name: _____

Business Phone Number (ext.): _____ Fax Number: _____

Cell Phone: _____ e-Mail Address: _____

Website: _____

Supplier/Vendor Profile

Federal Tax ID Number: _____ Number of Years in Business: _____

D&B DUNS Number¹: _____

Ownership Type: _____ C- Corp.; _____ S- Corp.; _____ LLC; _____ Partnership;

_____ Sole Proprietorship; _____ Joint Venture; _____ Limited Liability Partnership

Supplier/Vender Industry Codes

List the North American Industry Classification System (NAICS) Codes for products/services your firm provides. If you are a construction concern, also list all Construction CSI Codes. (Up to 10 each)

NAICS Description ²	Code	Construction CSI Description ³	Code

¹ You can receive a free D&B DUNS Number at www.dnb.com.

² You can search for your NAICS Codes at www.census.gov.

³ You can search for your Construction CSI Codes at www.constructionnotebook.com.

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Supplier/Vendor General Information

Describe the nature of your business (e.g., manufacturing, distribution, retail concern, etc.)

Areas of certification

In what area(s) do you desire to become certified? (Note: Refer to NAICS Codes/Construction CSI Codes)

Locations

Identify the locations in which your firm does business (e.g., countries, states, parishes/counties)

SLDBE Certification

- Has the firm ever applied for SLDBE certification with the City of New Orleans, Sewerage & Water Board of New Orleans, the New Orleans Aviation Board or Harrah's Jazz Casino of New Orleans?

_____ No _____ Yes ; If YES, state the year of the application and whether or not it was approved, denied or approved on appeal. _____

- Has your firm ever operated under another name? _____ No _____ Yes

If yes specify the firm name(s), services provided, the type of ownership and the disposition of the application.

Ownership

Identify all those who own 5% or more of the firm. Provide the name, title, years of ownership, ownership percentage and voting percentage.

- 1) Name _____ Title _____
Years as Owner _____ Ownership % _____ Voting % _____
- 2) Name _____ Title _____
Years as Owner _____ Ownership % _____ Voting % _____
- 3) Name _____ Title _____
Years as Owner _____ Ownership % _____ Voting % _____
- 4) Name _____ Title _____
Years as Owner _____ Ownership % _____ Voting % _____
- 5) Name _____ Title _____
Years as Owner _____ Ownership % _____ Voting % _____

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Management

- Who is primarily responsible for making **FINANCIAL DECISIONS** for the company?
Name _____ Title _____
- Who is primarily responsible for making **MANAGEMENT DECISIONS** for the company?
Name _____ Title _____
- Who is primarily responsible for preparing **BIDS AND ESTIMATES** for the company?
Name _____ Title _____
- Who is primarily responsible for **MARKETING AND SALES** for the company?
Name _____ Title _____
- Who is primarily responsible for **HIRING AND FIRING OF PERSONNEL** for the company?
Name _____ Title _____
- Who is primarily responsible for **PURCHASING** for the company?
Name _____ Title _____
- Who is primarily responsible for **FIELD OPERATIONS** for the company?
Name _____ Title _____

Non-SLDBE Owner(s)

If you believe that one or more owners are not disadvantaged, list the contributions of money, equipment, real estate or expertise of each of the non-disadvantaged owners.

- Non-SLDBE Owner:
Name _____ Title _____
Contribution(s) to the firm: _____

- Non-SLDBE Owner:
Name _____ Title _____
Contribution(s) to the firm: _____

- Non-SLDBE Owner:
Name _____ Title _____
Contribution(s) to the firm: _____

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Financial Information

Stock Options or Ownership Options. Describe or attach a copy of any stock options or ownership options that are outstanding, and any agreements between owners or between owners and third parties which restrict the ownership or control of the disadvantaged owners. Attach a separate sheet if necessary.

Loan Agreements. Describe all loan agreements evidencing loans by the firm. List any loans by the firm to any and all owners from any owner to the firm. Submit copies of all loan agreements.

Business Relationships. Identify any owner or manager of the applicant firm who is or has been an employee, board member, partner or owner of another firm that has ownership interest in or a present business relationship with the firm. Present business relationships include shared space, equipment, financing, or employees as well as both firms having some of the same owners. List persons in the firm who are currently working for any other business which has a relationship with this firm, including interaction on a full-time basis as an owner, partner, employee or consultant. Attach a separate sheet if necessary.

Bankruptcy. Has your firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7 of the U.S. Bankruptcy Code within the last three (3) years?

_____ No _____ Yes (If yes, provide documentation)

Credit Available to Your Firm. Describe the bank credit, loans, or lines of credit available to your firm. Please specify the amount, lending entity and maturity date. Attach a separate sheet if necessary.

Gross Receipts

Provide the Gross Income, Pre-Tax Net Income and Gross Profit Percentage for each of the last three (3) years. Include copies of the firm's Federal Income Tax Returns for the past three years, plus the firm's current balance sheet and income statement (< 90-days old).

Year Ending (20XX)	Gross Income (GI)	Pre-Tax Net Income (PTNI)	Gross Profit % PTNI ÷ GI = Gross Profit %

Licenses

Are you authorized to do business in Louisiana, including having all necessary local business licenses?

State	Type	License Number	City/Parish/County

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Bonding Capacity

Does your company have a performance surety bond? If yes, please specify bonding company's name and the aggregate surety bonding limit. Attach a separate sheet if necessary.

_____ No _____ Yes | Surety Co. _____ Bonding Limit \$ _____

Credit, Mortgage or Loan Denial

Has your business ever experienced discrimination or unfair treatment by a bank or other financial institution for which you believe the business was qualified? If yes, explain. Please provide a copy of the document showing denial of the loan and/or credit. Attach a separate sheet if necessary.

_____ No _____ Yes | Explanation: _____

Unfair Treatment by a Financial Institution

Has your business ever experienced discrimination or unfair treatment by a bank or other financial institution? If so, describe the conduct. Attach a separate sheet if necessary.

_____ No _____ Yes | Explanation: _____

Unfair Treatment with a Contractor

Has your firm ever experienced discrimination or unfair treatment in dealing with a contractor? If so, describe the conduct. Attach a separate sheet if necessary.

_____ No _____ Yes | Explanation: _____

Unfair Treatment by a Bonding Company

Has your business ever experienced discrimination or unfair treatment by a bonding company? If so, describe the conduct. Attach a separate sheet if necessary.

_____ No _____ Yes | Explanation: _____

Contracting History

Describe your company's contracting history over the past three (3) years, including the percentage of work performed for non-governmental entities. Attach a separate sheet if necessary.

Description of the Contract	Gov't Sector	Private Sector
Percentage (%) of Government Sector and Private Sector Contracts		

Bids Submitted

Please list previous successful, unsuccessful or rejected bids submitted by your company over the last three (3) years. Attach a separate sheet if necessary.

Bid (Agency/Company, Date, Amount)	Successful/Unsuccessful/Rejected

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Work as a Prime Contractor

List jobs on which your company has performed as a prime contractor over the past three (3) years. Attach a separate sheet if necessary.

<i>Description of the Job. Include The name of the project owner, location, scope, & duration.</i>
1)
2)
3)
4)
5)

Equipment

Please list all major equipment owned or leased by your company. Attach a separate sheet if necessary.

Asset/Equipment Description	Placed in Service	FMV

Certifications

Has your firm ever applied, been granted or been denied DBE certification by the following agencies?

Agency	Applied For On	Pending	Granted	Denied
Sewerage & Water Board				
City of New Orleans				
Regional Transit Authority				
Recovery School District of New Orleans				
New Orleans International Airport				
Housing Authority of New Orleans				
U.S. DOTD- Louisiana Unified Certification Program				
U.S. Small Business Administration				
Other				

If you were certified or denied, name the certifying authority, date and circumstances of such certification or denial. Attach a separate sheet if necessary.

Employee Information

How many people are employed by your firm?

Full-Time: _____ Part-Time or Seasonal: _____

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Owner's Name

Please Print Neatly (First, Middle Initial, Last)

[Empty text box for owner's name]

Owner's Experience and Qualifications

Please provide a brief summary of your experience and qualifications for the responsibilities given to you within the firm. Attach a separate sheet if necessary.

Household

Did you reside in a single parent or single guardian home while in high school?

____ No ____ Yes If yes, how long? _____

Parent(s)/Guardian(s) Occupation(s)

Please state the occupation of each parent or guardian with whom you resided during high school?

Father _____ Mother _____

Guardian #1 _____ Guardian #2 _____

Parent(s)/Guardian(s) Education Level

Please indicate the education level achieved by each parent or guardian with whom you resided while in high school (e.g., not a high school graduate, high school graduate, some schooling beyond high school, trade school/community college graduate, college graduate, master's degree, PhD, JD, or MD).

Father _____ Mother _____

Guardian #1 _____

Guardian #2 _____

Public or Subsidized Housing

Did you reside in public or subsidized housing (e.g., Section 8) for more than one year during high school?

____ No ____ Yes If yes, how long? _____

Public Assistance

Did your family receive any of the following forms of public assistance for more than one year while you were growing up? Check all that apply.

____ AFDC (Aid to Families with Dependent Children)

____ Medicaid

____ SSI (Supplemental Social Security Income)

____ Food Stamps

Size of Family

What was the size of your family while growing up?

____ # of adults ____ # of children

Relationship of adults (married, unmarried, other) _____

Family's Income

What was your family's income for each of your high school years?

1st Year _____ 2nd Year _____ 3rd Year _____ 4th Year _____

IMPORTANT: You must answer this question to the best of your knowledge.

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Types of Schools Attended

What type of school did you attend - **public, private, parochial, or home school** - during:

- _____ Elementary School
 _____ Middle/Junior High School
 _____ High School

Education Level

What is the **highest educational level** you attained?

- _____ Not a high school graduate _____ Associates degree
 _____ High school graduate _____ College degree
 _____ G.E.D. _____ Some schooling beyond college
 _____ Some schooling beyond high school _____ Master's degree
 _____ Vocational, trade, or technical diploma _____ Doctorate degree (PhD, MD, JD, EdD, or DBA)

Household Contribution

Was it necessary for you to work outside of your home during your high school years? If yes, explain.

_____ No _____ Yes | If yes, explain _____

College Financial Aid

Did you receive financial aid while in college or for vocational educational training? If yes, indicate all types of aid that apply.

- _____ I financed my own education _____ Grants
 _____ My parent(s)/guardian(s) financed my education _____ Loans
 _____ Scholarships _____ Work Study

Disability

Do you have a disability that substantially limits one or more of your major life activities? If so, describe the disability and the manner in which it interferes with the performance of ordinary, day-to-day tasks. [Please provide a letter from a doctor or other documentation confirming your disability.]

Native Language

Is English your native language English? If no, please indicate the age you began speaking English.

_____ No _____ Yes | Age _____
 Do you speak with an accent? _____ No _____ Yes

Household Income

Please indicate your total year-end household income for each of the last three (3) years. Provide copies of your personal Federal and state income tax returns for each of those years.

Year 20_____	Year 20_____	Year 20_____

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Home Ownership

Do you own the home in which you reside?

_____ No _____ Yes

If yes, state the purchase price of the home, the date of purchase and the present mortgage balance.

Purchase Price: _____ Date Purchased (Mo./Yr.): _____ Mortgage Balance: _____

Other Business Ownership

Do you hold an ownership interest in any other business? If yes, name the business, describe the type of goods or services sold, your percentage (%) of ownership in the business and if the business is active or inactive.

_____ No _____ Yes | Business Name _____ | _____ Active _____ Inactive

Types of Goods/Services Sold _____ (%) Ownership _____

Officer or Director

Are you an officer or director of any business other than the business which is the subject of this application?

_____ No _____ Yes | If yes, list the company and position.

Company _____ Position _____

Net Worth

What is your personal net worth (assets less debts) as of the date of this application? Please provide a personal net worth statement as of the date of this application.

Personal Net Worth \$ _____

Denied Personal Loan or Mortgage

Have you ever been denied a personal loan or mortgage when you believe you were qualified to obtain it? If so, please explain below or in a separate, confidential statement. Also, please provide a sworn affidavit of a third party who can verify this denial.

_____ No _____ Yes

Denied Admission to a School or University

Have you ever been denied admission to a school or university when you believe you were qualified for admission? If so, please explain below or in a separate, confidential statement. Also, please provide a sworn affidavit of a third party who can verify this denial.

_____ No _____ Yes

Organizational Memberships

To what business, fraternal or social organizations do you belong?

Denied Membership to a Club or Social Organization

Have you ever been denied membership in a club or social organization? If yes, you can describe the discriminatory conduct below or in a separate, confidential statement.

_____ No _____ Yes

Denied Employment

Have you ever been denied employment or a promotional opportunity when you believe you were qualified? If yes, describe the unfair treatment/discriminatory conduct below or in a separate, confidential state

_____ No _____ Yes

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

Owner's Name

Please Print Neatly (First, Middle Initial, Last)

Spouse's Experience and Qualifications

Please provide a brief summary of your experience and qualifications for the responsibilities given to you within the firm (if any). Attach a separate sheet if necessary.

Household

Did you reside in a single parent or single guardian home while in high school?

_____ No _____ Yes If yes, how long? _____

Parent(s)/Guardian(s) Occupation(s)

Please state the occupation of each parent or guardian with whom you resided during high school?

Father _____ Mother _____

Guardian #1 _____ Guardian #2 _____

Parent(s)/Guardian(s) Education Level

Please indicate the education level achieved by each parent or guardian with whom you resided while in high school (e.g., not a high school graduate, high school graduate, some schooling beyond high school, trade school/community college graduate, college graduate, master's degree, PhD, JD, or MD).

Father _____ Mother _____

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Public or Subsidized Housing

Did you reside in public or subsidized housing (e.g., Section 8) for more than one year during high school?

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Public Assistance

Did your family receive any of the following forms of public assistance for more than one year while you were growing up? Check all that apply.

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_____ SSI (Supplemental Social Security Income)

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IMPORTANT: You must answer this question to the best of your knowledge.

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What is the **highest educational level** you attained?

- _____ Not a high school graduate _____ Associates degree
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 _____ G.E.D. _____ Some schooling beyond college
 _____ Some schooling beyond high school _____ Master's degree
 _____ Vocational, trade, or technical diploma _____ Doctorate degree (PhD, MD, JD, EdD, or DBA)

Household Contribution

Was it necessary for you to work outside of your home during your high school years? If yes, explain.

_____ No _____ Yes | If yes, explain _____

College Financial Aid

Did you receive financial aid while in college or for vocational educational training? If yes, indicate all types of aid that apply.

- _____ I financed my own education _____ Grants
 _____ My parent(s)/guardian(s) financed my education _____ Loans
 _____ Scholarships _____ Work Study

Disability

Do you have a disability that substantially limits one or more of your major life activities? If so, describe the disability and the manner in which it interferes with the performance of ordinary, day-to-day tasks. [Please provide a letter from a doctor or other documentation confirming your disability.]

Native Language

Is English your native language English? If no, please indicate the age you began speaking English.

_____ No _____ Yes | Age _____
 Do you speak with an accent? _____ No _____ Yes

Household Income

Please indicate your total year-end household income for each of the last three (3) years. Provide copies of your personal Federal and state income tax returns for each of those years.

Year 20_____	Year 20_____	Year 20_____

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_____ No _____ Yes

If yes, state the purchase price of the home, the date of purchase and the present mortgage balance.

Purchase Price: _____ Date Purchased (Mo./Yr.): _____ Mortgage Balance: _____

Other Business Ownership

Do you hold an ownership interest in any other business? If yes, name the business, describe the type of goods or services sold, your percentage (%) of ownership in the business and if the business is active or inactive.

_____ No _____ Yes | Business Name _____ | _____ Active _____ Inactive

Types of Goods/Services Sold _____ (%) Ownership _____

Officer or Director

Are you an officer or director of any business other than the business which is the subject of this application?

_____ No _____ Yes | If yes, list the company and position.

Company _____ Position _____

Net Worth

What is your personal net worth (assets less debts) as of the date of this application? Please provide a personal net worth statement as of the date of this application.

Personal Net Worth \$ _____

Denied Personal Loan or Mortgage

Have you ever been denied a personal loan or mortgage when you believe you were qualified to obtain it? If so, please explain below or in a separate, confidential statement. Also, please provide a sworn affidavit of a third party who can verify this denial.

_____ No _____ Yes

Denied Admission to a School or University

Have you ever been denied admission to a school or university when you believe you were qualified for admission? If so, please explain below or in a separate, confidential statement. Also, please provide a sworn affidavit of a third party who can verify this denial.

_____ No _____ Yes

Organizational Memberships

To what business, fraternal or social organizations do you belong?

Denied Membership to a Club or Social Organization

Have you ever been denied membership in a club or social organization? If yes, you can describe the discriminatory conduct below or in a separate, confidential statement.

_____ No _____ Yes

Denied Employment

Have you ever been denied employment or a promotional opportunity when you believe you were qualified? If yes, describe the unfair treatment/discriminatory conduct below or in a separate, confidential state

_____ No _____ Yes

City of New Orleans State & Local Disadvantaged Business Enterprise (SLDBE) Certification Application

AFFIDAVIT

“The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____
(Applicant Company’s Name) as well as the ownership thereof. Further, the undersigned agrees to provide, through the prime contractor or, if no prime, directly to the City of New Orleans, current, complete and accurate information regarding actual work performed on the project, the payment therefore, and any proposed changes, of the foregoing arrangements and to permit the audit and examination of books, records, and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal and State laws concerning false statements.”

Signature _____

Name (Print or Type) _____

Title _____

Date _____

Corporate Seal (Where appropriate)

Date _____

State of _____

Parish/County of _____

On this _____ day of _____, 20_____, before me appeared
(name) _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of applicant firm) _____ to execute this affidavit and did so as his or her free act and deed.

Notary Public _____

Commission Expires _____

(Seal)

Note: If, after filing this Schedule A and before the work of the firm is completed on the contract covered by the SLDBE Program, there is any significant change in the information submitted, you must inform the f New Orleans of the change through the prime contractor or, if no prime contractor is involved, inform the City of New Orleans directly.

BALANCE SHEET

Company: _____

Owner(s): _____

Balance Sheet as of: _____

ASSETS

Current Assets	
Cash in Bank	
Accounts Receivable	
Inventory	
Pre-Paid Expenses	
Other Current Assets	
Total Current Assets	

Fixed (Long-Term) Assets	
Land & Buildings	
Machinery & Equipment	
Furniture & Fixtures	
Leasehold Improvements	
LESS: Accumulated Depreciation	
Other Fixed Assets	
Total Fixed Assets	

Other Assets¹	
Intangibles	
Goodwill	
Other	
Total Other Assets	

TOTAL ASSETS

LIABILITIES

Current Liabilities	
Accounts Payable	
Interest Payable	
Taxes Payable	
Short-Term Notes Payable ²	
Current Portion of Long-Term Debt	
Other Current Liabilities	
Total Current Liabilities	

Long-Term Liabilities	
Bank Loans Payable	
Notes Payable to Stockholders/Owners	
Other Long-Term Debt	
LESS: Short-Term Portion of LT Debt	
Total Long-Term Liabilities	

TOTAL LIABILITIES

OWNER'S EQUITY

Capital Stock/Shares	
Retained Earnings	
TOTAL OWNER'S EQUITY	

TOTAL LIABILITIES & OWNER'S EQUITY

¹ Describe/list *Other Assets* on a separate sheet.

² Due in less than 12 months.

STATEMENT OF PROFIT & LOSS

Company: _____

Owner(s): _____

Statement of Profit & Loss (Income Statement) as of: _____

REVENUE	AMOUNT
Gross Sales	
Less: Returns & Allowances	
Less: Cost of Goods Sold	
NET SALES	

EXPENSES	AMOUNT
Advertising	
Amortization	
Bank Fees	
Commissions Paid	
Contract Labor	
Credit Card Fees	
Delivery Fees	
Depreciation	
Dues & Subscriptions	
Equipment (Leases & Rentals)	
Insurance	
Interest	
Leasehold Improvements	
Maintenance	
Meals & Entertainment	
Office Expenses	
Payroll (Salaries)	
Permits & Licenses	
Postage	
Professional Fees	
Rent	
Repairs	
Telephone	
Travel	
Utilities	
Vehicle Expenses	
Other 1:	
Other 2:	
Other 3:	
Other 4:	
Other 5:	
TOTAL EXPENSES	

NET INCOME (Net Sales - Total Expenses)	
--	--

Personal Financial Statement

Name _____

Company _____

Date _____

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash on hand & in the bank	\$ _____	Accounts payable ⁶	\$ _____
Savings	\$ _____	Mortgages payable ⁷	\$ _____
IRA or the retirement accounts	\$ _____	Auto loans payable ⁸	\$ _____
Accounts & notes receivable	\$ _____	Life insurance ⁹ loans	\$ _____
Life insurance ¹	\$ _____	Other loans payable	\$ _____
Stocks & bonds	\$ _____	Unpaid taxes	\$ _____
Real estate ² FMV ³	\$ _____	Other liabilities ¹⁰	\$ _____
Automobile(s) FMV	\$ _____		
Other personal property ⁴	\$ _____		
Other assets ⁵	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____
		TOTAL NET WORTH¹¹	\$ _____

¹ Cash surrender value only.

² Home and investment property.

³ FMV = Fair Market Value.

⁴ Includes home furnishings, jewelry, recreational vehicles and other assets.

⁵ Includes any asset not previously listed.

⁶ On credit cards and other personal loans.

⁷ Current balance(s)

⁸ Current balance(s)

⁹ Current balance(s)

¹⁰ Includes any liability(ies) not previously listed.

¹¹ Total Net Worth = Assets minus Liabilities.



Office of Supplier Diversity

EQUAL BUSINESS OPPORTUNITY PROGRAMS

City of New Orleans State & Local Disadvantaged Business Enterprise (DBE) Certification Application

CHECKLIST OF SUPPORTING DOCUMENTS

TAB	Included	N/A	See Statement Attached	APPLICANT FIRM: _____ Item
1				Notarized Affidavit (SLDBE Application Schedule D)
2				Proof of DBE status (if any) by the U.S. Small Business Administration, the U.S. Department of Transportation (Louisiana Unified DBE Certification), or other certifying agency
3				Articles (Certificate) of Incorporation or Organization
4				<i>Letter of Good Standing</i> from the Louisiana Secretary of State or Secretary of State or agency where the business is domiciled
5				Corporate Bylaws or LLC Operating Agreement
6				Current license to do business in Louisiana (City of New Orleans Occupational License) or proof of a business registration/license to operate in another parish
7				Copy of trade license(s) held by the firm and/or firm owner(s)
8				List all business names previously used by any owner
9				Stock ownership options, or agreements between owners, which restrict the DBE/EDB ownership or control of the owners
10				Stock Certificates- Front and Back (Corporations Only);
11				Type of stock- Common and/or Preferred and the number of shares of each that are currently outstanding, along with the total number of shares authorized to be issued by the corporation
12				Membership Certificates- Front and Back (LLCs Only)
13				Member ownership options, or agreements between members, which restrict the DBE/EDB membership or control of the members
14				Indicate the total number of Membership Certificates outstanding and authorized to be issued by the company
15				List of all persons in the firm currently working for any other business which has a relation with the applicant firm
16				Business Balance Sheet (< 90-days old)
17				Business Income Statement (<90-days old)
18				Personal Financial Statement (<90-days old)
19				Signed copies of Federal business tax returns for the last three (3) years (Including all schedules and attachments)
20				Signed copies of Federal personal tax returns for the past three (3) years (Including W-2s, 1099s, schedules and attachments)
21				Résumés of owners, officers, and key personnel
22				Proof of U.S. Citizenship (Picture ID)
23				Bank account signature card and/or resolution for the primary business bank account
24				Document(s) reflecting each owner's share of profits, losses, and ownership capital
25				Document(s) indicating the initial and subsequent capitalization of the firm by the owner(s)
26				Certificates of title for all equipment owned by the company
27				Copies of any loans or lines of credit from the business to any owner or member of the firm
28				Confidential statement(s) relative to each denial of a business loan, business line of credit, personal loan for the business, and/or unfair treatment for the applicant
29				Confidential statement(s) relative to each denial of a business opportunity and/or unfair treatment against the business
30				Documentation confirming a disability of the DBE/EDB owner(s)