



Office of Supplier Diversity
EQUAL BUSINESS OPPORTUNITY PROGRAMS

Mitchell J. Landrieu, Mayor

**STATE & LOCAL DISADVANTAGE BUSINESS
ENTERPRISE
RE-CERTIFICATION APPLICATION**

Applicant Firm

Contact Person

Contact Person Phone and Email

(For Office Use Only)	
Re-certification Application Received	
Additional Information Requested	
Additional Information Received	
Date Re-Certified:	

SCHEDULE C

**SLDBE RECERTIFICATION APPLICATION
SLDBE RE-CERTIFICATION CHECKLIST FOR NEW ORLEANS AVIATION BOARD
STATE AND/OR LOCALLY FUNDED CONSTRUCTION PROJECTS,
ALL SEWERAGE & WATER BOARD CONTRACTS,
STATE AND/OR LOCALLY FUNDED CITY OF NEW ORLEANS CONTRACTS AND
ALL HARRAH'S CASINO CONTRACTS**

Applicant(s) Name: _____

Name of Business: _____

Address: _____

City, State & Zip Code: _____

Business Phone No: _____ Fax No.: _____

Cell No.: _____

Email address: _____

Website: _____

Areas of Certification

In what area(s) do you desire to become certified? (Note: 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)

Review of supporting documents for re-certification:

Sole Proprietorship _____ Partnership _____ Corporation _____ Joint Venture _____

Limited Liability Company _____ Limited Liability Partnership _____

SUPPLY ITEMS CHECKED

- √ Proof of additional money contributions – cancelled checks
- √ Proof of additional equipment contributions – copies of registration(s) and/or title(s)
- √ Proof of additional real estate investments – copies of title(s)
- √ Cancelled and newly issued stock certificates
- √ Organizational or special meetings regarding these changes
- √ Changes to the organizations structure since submission of the last application for certification/recertification
- √ Notarized affidavit
- √ Signed copies of the previous 2 years of personal & business tax returns
- √ Proof of any changes in ownership
- √ Personal financial (net worth) statements
- Business financial statements within the last two years and from the last 90 days including balance sheet and income statement
- √ Current license to do business in LA (Current City of New Orleans Occupational license or proof of registration w/ City of New Orleans or other municipality or political subdivision)
- √ Resumes for owners and management personnel
- √ Certificates of title for additional equipment owned by business

SCHEDULE C

SLDBE RE-CERTIFICATION APPLICATION

OWNERSHIP

LIST OF CURRENT OWNERS

6.	CURRENT OWNERS Name	Years of Ownership	Ownership Percentage	Voting Percent

If any of the above listed persons represent a change in ownership since your firm's most recent application, please attach all documents supporting the change(s).

7. Has your firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7, of the United States Bankruptcy Code within the last two (2) years?

If yes, please provide supporting documents.

_____ Yes _____ No

OPERATIONS

8. Describe your company's contracting history over the past two (2) years, including percentage of work performed for governmental and non-governmental entities.

9. Please list previous successful, unsuccessful or rejected bids submitted by your company over the last two (2) years to governmental agencies as well as non-governmental entities.

10. List any equipment your firm has obtained during the past two (2) years. Provide proof of purchase and copies of title(s) and/or registration(s), leases and rental agreements.

TYPE OF EQUIPMENT	MAKE AND YEAR	QUANTITY

11. Have you renewed your firm's contractor's license?

_____ Yes _____ No

12. Have you added any additional work classifications to your license?

_____ Yes _____ No

If yes, provide the following information along with a copy of your firms' contractor's license showing the new work classifications.

ADDED CLASSIFICATIONS	QUALIFYING PARTY FOR EXAM

CONTROL

13. CAREFULLY COMPLETE THE FOLLOWING ITEMS, WHICH PERTAIN TO CONTROL EVEN IF NO CHANGE IN OWNERSHIP HAS OCCURRED.

If any of the above listed persons represent a change in control since your firm's most recent application, please attach all documents supporting the change(s)/

Indicate management personnel who control the firm in the following areas (Attach work experience resumes and include dates of employment at each company for each person).

- a. **Financial Decisions:** responsibility for check signing; acquisition of lines of credit; loans, surety bonding; supplies, etc.

Person(s) Responsible	Title	Change
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- b. **Estimating:** cost estimates, bid preparation, or negotiations

Person(s) Responsible	Title	Change
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- c. **Hiring and Firing of Management Personnel:**

Person(s) Responsible	Title	Change
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- d. **Field/Production Operations Supervisor:** site supervision/scheduling project management services

Person(s) Responsible	Title	Change
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- e. **List all Field Superintendents:**

Person(s) Responsible	Title	Change
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- f. **Contract Signature Authority:** contract execution, bid submission

Person(s) Responsible	Title	Change
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- g. **Office Management:**

Person(s) Responsible	Title	Change
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h. Marketing/Sales:

Person(s) Responsible	Title	Change
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i. Purchasing of Major Equipment:

Person(s) Responsible	Title	Change
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j. Please list your firm's gross receipts for the last two (2) years:

\$ _____

\$ _____

14. Is there anything else that has changed about your firm that you have not indicated above?
If so, please describe.

SCHEDULE A

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 _____ (name of firm) as well as the ownership thereof. Further, the undersigned agrees to provide, through the prime contractor or, if no prime, directly to the NOAB, the Sewerage & Water Board, Harrah's Casino or the City of New Orleans, current, complete, and accurate information regarding actual work performed on the project, the payment therefor, and any proposed changes, if any, 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.

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

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 firm) _____, to execute the affidavit and did so as his or her free act and deed.

Notary Public _____

Commission Expires _____

(Seal)