

(For Office Use Only)	
Initial Application Received	
Additional Information Requested	
Additional Information Received	
Date Certified	By

**SLDBE 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**

Name of Business: _____

Address: _____

City, _____ State _____ & _____ Zip _____ Code: _____

Phone No: _____ Fax No _____ Cell No. _____

Email address: _____

Review of supporting documents for certification:	
Sole Proprietorship _____	Partnership _____ Corporation _____ Joint Venture _____
Limited Liability Company _____	Limited Liability Partnership _____

SUPPLY ITEMS CHECKED

- √ Proof of "Disadvantaged Business" status granted by the U.S. Small Business Administration or certification by other agency
- √ Notarized Affidavit
- √ Articles of Incorporation
- √ Corporation Bylaws
- √ Stock Certificates (If any, copies of front and back)
- √ Stock owned Common _____ or preferred _____ How many shares of stock are authorized to be issued _____?
- √ Financial statement

- √ Signed copies of the Corporate Federal tax return Form 1120/1120S (including schedules) for the last three (3) years
- √ Signed copies of Federal tax return Form 1040 with W-2 (when officers' compensation is not shown or corporation has been operational for less than 3 reportable tax years) for the last three (3) years
- √ Resume(s) of officers/individuals
- Proof of U.S. Citizenship
- √ 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)
- √ Documents reflecting each partner's percentage of profit sharing, loss and ownership of capital
- √ Documents indicating the firm's initial capitalization and any subsequent capitalization
- √ Certificates of title for equipment owned by business

SLDBE SCHEDULE A

INSTRUCTIONS TO APPLICANTS

- Question 1: Provide information requested.
- Question 2: Main or corporate street address of the firm. Post Office Box number alone is not acceptable.
- Question 3: Telephone numbers provided should include that of the address listed in Question 2
- Question 4: Name of person(s) who should be contacted for answers to questions about the application for SLD BE certification.
- Question 5: Provide information requested.
- Question 6: Provide information requested. Each owner claiming to be disadvantaged must respond.
- Question 7: Provide information requested. Each owner claiming to be disadvantaged must respond.
- Question 8: Provide information requested.
- Question 9: Provide information requested.
- Question 10: Provide information requested.
- Question 11: Provide information requested.
- Question 12: Provide information requested.
- Question 13: Provide information requested.
- Question 14: Provide information requested.
- Question 15: Provide information requested. Please provide a letter from a doctor or other document confirming your disability.
- Question 16: Provide information requested.
- Question 17: Provide information requested.
- Question 18: Provide information requested.
- Question 19: Provide information requested. Please provide copies of your personal federal income tax returns for each of those years.
- Question 20: Provide information requested.

- Question 21: Provide information requested.
- Question 22: Provide information requested.
- Question 23: Provide information requested.
- Question 24: Provide information requested. Please provide a personal net worth statement or personal balance sheet.
- Question 25: Provide information requested. You may provide your explanation in a separate confidential statement.
- Question 26: Provide information requested. You may provide your description in a separate confidential statement.
- Question 27: Provide information requested.
- Question 28: Provide information requested. You may provide your description in a separate confidential statement.
- Question 29: Provide information requested. You may provide your description in a separate confidential statement.
- Question 30: Identify only those areas in which you can provide a commercially useful function and still be competitive with other firms in those areas. List the CSI codes that apply to your business. The codes are contained in an attached document.
- Question 31: Provide information requested.
- Question 32: Provide information requested.
- Question 33: Place an "√" in the space in front of the type of firm which is applying for DBE certification.
- Question 34: Provide information requested. Provide copies of all stock certificates issued, including all canceled certificates from the firm's inception to date.

Attach proof of the initial investment in the firm (dollars, real estate, equipment, expertise) for each owner.

Attach a separate sheet, if necessary, which includes all business names previously used by any owner, partner or stockholder who owns at least five (5) percent or more of the firm applying for certification.

- Question 35: Provide information requested.
Include resumes for each person listed.
Provide a copy of each trade license held by each person listed.
Provide copy of trade license(s) for the firm, including the name of the license holder(s).
Provide copy of current occupational license.
- Question 36: Work summary (resume) should include the various jobs of each manager, past and current, the general description of his/her duties and responsibilities, and dates of employment or ownership.
- Question 37: Provide information requested. Attach a separate sheet if necessary to describe outstanding stock or ownership options, etc.
- Question 38: Provide information requested.
- Question 39: Provide information requested. You may provide your explanation in a separate confidential statement.
- Question 40: Provide information requested. You may provide your explanation in a separate confidential statement.
- Question 41: Provide information requested. You may provide your explanation in a separate confidential statement.
- Question 42: Provide information requested. You may provide your explanation in a separate confidential statement.
- Question 43: Provide information requested. You may provide your explanation in a separate confidential statement.
- Question 44: Provide information requested. You may provide your explanation in a separate confidential statement.
- Question 45: Provide information requested. You may provide your explanation in a separate confidential statement.
- Question 46: Provide information requested.
- Question 47: Provide information requested.
- Question 48: Provide information requested. Attach a separate sheet(s) if necessary.
- Question 49: Provide requested information. Attach copies of corporate or other business income tax returns for the last five (5) years. Also attach a copy of the firm's current balance sheet.
- Question 50: Provide requested information.

Question 51: Provide requested information.

Question 52: Provide requested information.

Question 53: Provide requested information. Attach a copy of each operating license issued to the firm.

Question 54: Provide information requested.

Question 55: Provide information requested.

Question 56: Provide information requested.

Note: This is to advise that all applications for certification will be reviewed in light of the Community Property laws of the State of Louisiana or the Community Property laws of your state of residency if your state of residency is a Community Property state. These states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

All owners, whether actual or by operation of law, must be identified in the application. A Schedule "A" (pages A-1 through A-6) must therefore be completed for each owner who asserts that s/he is disadvantaged and who holds an interest comprising a portion of the 51% ownership required for certification, regardless of whether the interest is actual (e.g., by partnership, stock ownership or membership) or is one created by operation of law (e.g., by community property laws).

SCHEDULE A

**INFORMATION FOR DETERMINING
STATE-LOCAL DISADVANTAGED BUSINESS ENTERPRISE ELIGIBILITY**

If, the New Orleans Aviation Board, the Sewerage & Water Board, the City of New Orleans, or Harrah's Casino have reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, or acted in a manner prohibited by state and federal law, the responsible official shall refer the matter to the Counsel for New Orleans Aviation Board, or the Special Counsel for the Sewerage & Water Board or the City Attorney. Either counsel may initiate procedures for suspension or debarment and/or refer the matter to the state or local law enforcement agencies, as deemed appropriate.

A complete SLDBE Schedule A and the supporting documents submitted therewith shall be protected by the New Orleans Aviation Board, the Sewerage & Water Board and the City of New Orleans as confidential and/or proprietary to the extent allowable under Louisiana's Public Records Act.

1. Name of firm _____
2. Address of firm _____
- City _____ State _____ Zip _____
3. Phone number of firm () _____ 4. Contact Person _____
- Fax No _____ Cell No. _____
- Email address: _____

These questions pertain to the individual owner(s) of the firm seeking SLDBE certification. **Each and every owner who claims to be disadvantaged must answer questions 5 through 31.**

5. Did you reside in a single-parent or single-guardian household while in high school?
- _____ Yes, throughout my high school years
- _____ Yes, during a part of my high school years
- _____ No
6. Please state the occupation of the parent(s) or guardian(s) with whom you resided during high school. Each disadvantaged owner must respond.
- Mother _____
- Father _____
- Guardian/Other _____

7. Please indicate the educational level achieved by each of the parent(s) or guardian(s) with whom you resided while in high school. Each disadvantaged owner must respond.

	Mother	Father	Guardian/Other
_____ Not a high school graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ High school graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Some schooling beyond high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ College graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Did you reside in public or subsidized housing for more than one (1) year during high school?

_____ Yes _____ No

9. Did your family receive any of the following forms of public assistance for more than one (1) year while you attended high school? Check the applicable forms of assistance.

_____ Welfare _____ AFDC (Aid to Families with Dependent Children)
 _____ Medicaid _____ Food stamps
 _____ Supplemental security income (social security)

10. Check the applicable areas in which you resided while in high school?

_____ urban _____ suburban
 _____ rural

11. What was the size of your family while in high school?

_____ Number of adults _____ Number of children

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

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

12. What type of schools did you attend?

Elementary School	Private ___	Public ___	Parochial ___
Junior High/Middle School	Private ___	Public ___	Parochial ___
High School	Private ___	Public ___	Parochial ___
College/University	Private ___	Public ___	

13. What is your educational level?

- | | |
|---|--|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> Vocational or technical training |
| <input type="checkbox"/> High school graduate only | <input type="checkbox"/> Some schooling beyond high school |
| <input type="checkbox"/> College degree | <input type="checkbox"/> Post graduate work |
| <input type="checkbox"/> Post graduate degree | |

14. Did you receive financial aid while in college?

- Yes No

If so, check the appropriate aid source.

- Grants Loans Scholarships

15. Do you have a disability which substantially limits one or more of your major life activities?

- Yes No

If so, please 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 document confirming your disability.

16. Is your native language English?

- Yes No

17. Do you speak with an accent?

- Yes No

18. Are you currently the head of a single-parent household?

- Yes No

If so, how many persons reside in the household (excluding yourself)? _____

19. Please indicate your total household income for each of the last three (3) years.

YEAR	INCOME
20_____	\$ _____
20_____	\$ _____
20_____	\$ _____

Also, provide copies of your federal income tax returns for each of those years.

20. Do you own the home in which you reside?

_____ Yes _____ No

21. If you own the home in which you reside, state the purchase price of the home, the date of purchase and the present mortgage balance.

_____ (Price) _____ (Date of Purchase) _____ (Present Mortgage Balance)

22. In what businesses do you or your spouse hold an ownership interest?

Describe the business(es) and the ownership interest(s) for each business.

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

If so, list the companies and positions held.

24. What is your personal net worth (assets less debts) **as of the date of this application?**

\$ _____

Please provide a personal net worth statement or personal balance sheet.

25. Have you ever been denied a personal loan or mortgage, when you believe you were qualified to obtain it?

_____ Yes _____ No

If so, please explain. You may explain in a separate confidential statement.

26. Have you ever been denied admission to a school or university when you believe you were qualified for admission?

_____ Yes _____ No

If so, please explain. You may explain in a separate confidential statement.

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

28. Have you ever been denied membership in a club or social organization?

_____ Yes _____ No

Describe the discriminatory conduct: You may explain in a separate confidential statement.

29. Have you ever been denied employment or promotional opportunities in employment when you believe you were qualified?

_____ Yes _____ No

Describe the discriminatory conduct: You may explain in a separate confidential statement.

The following questions pertain to the business rather than individual owners.

30. Nature of Business: Specify major services/products. _____

In what area(s) do you desire to be certified?

31. Identify the locations in which your firm does business:

States _____ Counties/Parishes _____

32. Years firm has been in business _____

33. Type of ownership: (Check one)

- Corporation Partnership Sole Proprietorship
 Joint Venture Limited Liability Partnership Limited Liability Company
 Other (Specify)

34. Ownership of firm: Identify all those who own five (5) percent or more of the firm.

A Name	B Years of Ownership	C Ownership Percentage	D Voting Percent
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If you believe that one or more owners is not disadvantaged, list the contributions of money, equipment, real estate, or expertise of each of the owners. (Attach a separate sheet if necessary.)

35. Control of firm: Identify by name and title those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision making including, but not limited to, those with prime responsibility for:

a. Financial Decisions

b. Management Decisions, such as:

(1) Estimating

(2) Marketing and Sales

(3) Hiring and Firing of Management Personnel

(4) Purchase of Major Items or Supplies

c. Supervision of Field Operations

36. For each of those persons listed in number 34, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibilities given him or her. (Attach a separate sheet if necessary.)

37. 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.)

Also, submit copies of all loan agreements evidencing loans by the firm to any and all owners, and copies of all loan agreements for any and all loans made by the firm to an owner.

38. Identify any owner or management official of the named firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include shared space, equipment, financing, or employees as well as both firms having some of the same owners.

Also, attach a list of persons in the firm who are currently working for any other business which has a relationship with this firm. Relationship includes interaction on a full-time or part-time basis as an owner, partner, employee or consultant.

39. Has your business ever been denied credit or a loan, by a bank or other financial institution, for which you believe the business was qualified?

_____ Yes _____ No

If yes, explain. You may explain in a separate confidential statement. Please provide a copy of the document denying the loan and/or credit.

40. Has your business ever experienced discrimination by a bank or other financial institution?

If so, describe the discriminatory conduct.

If so, describe where and when the discriminatory conduct occurred. You may explain in a separate confidential statement.

41. Has your business ever been denied work by a contractor when you believed your business was qualified to perform the work?

_____ Yes _____ No

If so, explain. You may explain in a separate confidential statement.

42. Has your business ever experienced discrimination in dealings with a contractor?

_____ Yes _____ No

If so, describe the discriminatory conduct. You may describe the conduct in a separate confidential statement.

43. Has your business ever been denied a bond by bonding company when you believed your business was qualified to obtain the bond?

_____ Yes _____ No

If so, explain. You may explain in a separate confidential statement.

44. Has your business ever experienced discrimination by a bonding company?

_____ Yes _____ No

If so, describe the discriminatory conduct. You may provide your description in a separate confidential statement.

45. Has your business ever experienced discrimination by a governmental agency?

_____ Yes _____ No

If so, describe the discriminatory conduct.

46. Describe your company's contracting history over the past three (3) years, including the percentage of work performed for non-governmental entities.

47. Please list previous successful, unsuccessful or rejected bids submitted by your company over the last three (3) years to governmental agencies as well as non-governmental entities.

48. Please list all equipment owned or leased by your company.

Attach a separate sheet(s) if necessary.

49. What are the gross receipts of the firm for each of the last three (3) years.

Year ending _____ Gross Receipts \$ _____

Year ending _____ Gross Receipts \$ _____

Year ending _____ Gross Receipts \$ _____

Attach copies of federal corporate or other business income tax returns for the last three (3) years. Also attach a copy of the firm's current balance sheet.

50. Name of bonding company, if any:

Bonding Limit:

51. Describe the bank credit, loans or lines of credit available to your firm.

52. What is the percentage of gross profit for the firm for each of the past three (3) years?

53. Are you authorized to do business in the state as well as locally, including having all necessary business licenses?

_____ Yes _____ No

Attach one copy of each operating license issued to the firm, if any.

Type of Business

License Number

54. Has the firm ever applied for, been granted, or been denied SLDBE/DBE certification with the City of New Orleans, The United States Department of Transportation, or elsewhere?

_____ Yes _____ No _____ Application Pending

If yes, name the certifying authority, date, and state circumstances of such certification or denial.

55. How many person(s) does your firm employ?

_____ Full-time _____ Part-time

56. State your firm's net profit (pre-tax) for each of the three (3) years.

YEAR	NET PROFIT
20_____	\$_____
20_____	\$_____
20_____	\$_____

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 Sewerage and Water Board of the change through the prime contractor or, if no prime contractor is involved, inform the Sewerage and Water Board 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)