



Mitchell J. Landrieu, Mayor

STATE & LOCAL DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATION APPLICATION

Applicant Firm

Owner

Telephone

Office Use Only	Date
Initial Application Received	
Additional Information Requested	
Additional Information Received	
Site Visit Completed	
Review	
Certified/Denied (Circle One)	
Appeal Review	
Upon Appeal: Certified/Denied (Circle One)	

Revised: January 2016

Certification Application Instructions

A. Introduction

The City of New Orleans by way of a Cooperative Endeavor Agreement (CEA) with the Sewerage & Water Board of New Orleans (SWBNO), the New Orleans Aviation Board (NOAB) and Harrah's New Orleans Casino and Hotel (HNO) operate the State and Local Disadvantaged Business Enterprise Program (hereinafter referred to as the 'SLDBE Program' or 'the Program').

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

The SLDBE Program defines social and economic disadvantage as a set of circumstances (historic and/or current and created by forces outside the applicant's control) which have prevented the applicant and business from successfully competing for contracts compared to other similarly situated businesses.

B. Who Qualifies for the SLDBE Program

A business may qualify for SLDBE certification if it is owned, operated and controlled by:

1. One or more socially and economically disadvantaged owner(s);
2. That person or those persons own operate and control at least 51% of the company and is a U.S. citizen;
3. Business is a 'for-profit' enterprise;
4. Business does not exceed the size standards set by the U.S. Small Business Administration and does not exceed \$23.98 million in gross receipts.

A business may also qualify for the SLDBE Program if it is determined that the businesses' 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 it's control.

C. Certification Overview

1. Complete and submit one copy of the Application form along with all of the required supporting documents listed on the Checklist.
2. The socially and economically disadvantaged owner(s) must provide a **written narrative** explaining the set or sets of circumstances in their life that they believe make them socially and economically disadvantaged. Additionally, each partner must provide a narrative that includes a description of their role and responsibilities in the business.
3. The Certification team will conduct an on-site visit at the office of the business and to any job site(s) at which the business is working at the time of the application.
4. Once the Certification team has conducted an on-site visit and obtained all required documents, the application will be evaluated to determine SLDBE certification.

D. Completing the SLDBE Application

1. Answer all questions on Schedule A-Business Profile.
2. Answer all questions on Schedule B-Owner's Profile. Each owner must complete a Schedule B form.
3. Applications will be reviewed in light of the Community Property laws of State of Louisiana. Each owner's spouse must complete a Schedule C-Spouse's Profile.
4. Schedule D – Narrative. Each owner claiming social and economic disadvantage must provide a written narrative describing why they believe they are socially and economically disadvantaged. Please remember that social and economic disadvantage is usually a historical "look back" regarding circumstances that caused the owner to be denied or delayed the opportunities similarly situated business owners may have had.
5. Affidavit must be completed, signed, and notarized.
6. Supply all relevant items on the Supporting Documents Checklist. If an item on the checklist does not apply to your business, indicate so.

E. Appeals of Certification Denials

A business that believes it was wrongly denied SLDBE certification may file an appeal with the SLDBE Certification team. Appeal letters must 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:

**SLDBE Certification Appeals
c/o Office of Supplier Diversity
1340 Poydras Street, Suite 1800
New Orleans, LA 70112**

F. Confidentiality and Record Retention

The information contained in and attached to this application is used only for the purposes of determining eligibility in the SLDBE program and is accessible only to the City of New Orleans and its partners in the Cooperative Endeavor Agreement for operations of the SLDBE program, namely Sewerage & Water Board of New Orleans (SWBNO), the New Orleans Aviation Board (NOAB) and Harrah's New Orleans Casino and Hotel (HNO). Submission of the application authorizes the release of this information to the City of New Orleans and the CEA Partners. All applications and attached information and documentation are housed physically and electronically with the City of New Orleans Office of Supplier Diversity.

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, or at SLDBEinfo@nola.gov.



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, Harrah's New Orleans Casino and Hotel declare and designate:

All business, financial and proprietary records, personal background information, data or research work reflecting written memorialization of oral information relating to the proprietary records of the business, business practices, or personal history of the applicant is private and the applicant submits 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, entities.

Schedule A – Business Profile

Contact Information

Company Name: _____

Doing Business as (DBA) Name: _____

Street Address: _____ Room/Floor/Suite: _____

City: _____ State (Province or Region): _____

Zip Code: _____ Parish (County): _____

Website(s): _____

Owner's Contact Information

Owner's Name: _____

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

Cell Phone: _____ E-mail Address: _____

Other Contact Name _____ Relationship to Business _____

Business Information

Federal Tax ID Number: _____ D&B DUNS Number¹: _____

Ownership Type: Corporation LLC Sole Proprietorship Partnership Joint Venture LLP

Number of Years in Business: _____

Previous Company Names

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 reason for the name change.

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 New Orleans Casino & Hotel?

No Yes | If Yes, state whether or not it was approved or denied and the date.

Other Certifications

Has your firm ever applied, been granted or been denied SBE/MBE/WBE/DBE certification with any other agency?

No Yes | If yes, attach your most recent letter(s) of certification.

¹ You can receive a free D&B DUNS Number at www.dnb.com/get-a-duns-number.html

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

Business Industry Codes

List the North American Industry Classification System (NAICS) Codes² for products/services your firm provides. (Up to 10)

NAICS Description	Code	Description as Pertains to Business

Licenses

Please list and attach copies of all current occupational, operational, and trade licenses.

Type	License Number	City/Parish/County/Trade Org.	State

Locations

Identify the locations in which your firm is licensed to do business (e.g., city, parish/county, state, country)

Employee Information

How many persons does your business employ? Full-Time: _____ Part-Time or Seasonal: _____ Contract (1099): _____

Equipment

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

Asset/ Equipment Description	Year Placed in Service	Current Value

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

Contracting History

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

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

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.

Description of the Job. Include the name of the project owner, location, scope, & duration

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 \$ _____

Insurance

Is your business insured? No Yes | If yes please provide documentation.

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.

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.

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.

Ownership

Identify all those who own 5% or more of the firm. Provide the name, title, and 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 % _____

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 _____

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. Please name any person in your firm who is currently working for another business which has a formal relationship with your firm. Attach a separate sheet if necessary to explain.

Stock Options or Ownership Options

Describe or attach a copy of any stock options or ownership options and any agreements between owners or between owners and third parties regarding ownership or control of the business. Attach a separate sheet if necessary.

Schedule B – Owner’s Profile

Owner’s Name (First, Middle, Last)

Owner’s Experience and Qualifications

Please provide a brief summary of your experience and qualifications for the responsibilities given to you within the firm. In addition, please attach a resume.

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 _____

Company _____ Position _____

Other Business Ownership

Do you hold an ownership interest in any other business? No Yes

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. Attach a separate sheet if needed.

Business Name _____ | Active Inactive

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

Business Name _____ | Active Inactive

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

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__

Home Ownership

Do you own the home in which you reside? Yes No

Purchase Price: _____ Date Purchased: _____ Mortgage Balance: _____

Personal 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 \$ _____

Schedule C – Spouse’s Profile

Spouse’s Name (First, Middle, 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 applicable. In addition, please attach a resume.

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 _____

Company _____ Position _____

Other Business Ownership

Do you hold an ownership interest in any other business? No Yes

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. Attach a separate sheet if needed.

Business Name _____ | Active Inactive

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

Business Name _____ | Active Inactive

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

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__

Personal 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 \$ _____

Schedule D – Owner’s Narrative

For the SLDBE Program, social and economic disadvantage is defined as a set of circumstances (historic and/or current and created by forces outside the applicant’s control) which have prevented the applicant’s business from successfully competing for contracts as compared to other similarly situated businesses. Evidence of individual social disadvantage must include:

- At least one objective distinguishing factor such as race, ethnic origin, gender or gender identification, physical handicap, service in the military, long-term residence in an environment isolated from the mainstream of society, or other similar causes not common to individuals who are not socially disadvantaged.
- Personal experiences of substantial and chronic social disadvantage.
- Negative impact on the individual’s entrance into the business world or advancement in the business world because of the stated disadvantage(s).

Economic disadvantage must also be demonstrated for an applicant to be certified in the SLDBE Program, which is demonstrated by a limited capacity to compete in the public and private marketplace due to diminished capital and credit opportunities.

In constructing your narrative, please provide a detailed response to the following questions.

1. Which of the distinguishing factors of social and economic disadvantage have impacted your ability to successfully compete in public and private sector business opportunities? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> English Proficiency |
| <input type="checkbox"/> Ethnic Origin | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Educational Opportunity |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Access to capital |
| <input type="checkbox"/> Environmental Isolation | <input type="checkbox"/> Access to credit |
| <input type="checkbox"/> Other (Describe)_____ | <input type="checkbox"/> Other (Describe)_____ |

2. For each feature checked above, please describe how you and your business are impacted.

For example, if you listed English Proficiency as a feature of disadvantage, please tell us how the limited ability to speak, read or write in English prevents you and your firm from competing with businesses where no deficiency in English Proficiency exists. If you listed race as a distinguishing feature, please tell us how your race limits your ability to compete with businesses that are owned by people of different races. If poverty is listed as a feature of disadvantage, how does a history of poverty affect your ability to compete with firms owned by persons with greater economic assets. Please be as concise as possible and provide specific examples from your life history and/or business history as warranted.

3. Has your firm ever been denied credit, loans, bonding or access to other forms of personal and business finance? If yes, please describe the impact of the denial on your ability to compete and grow your business.
4. Please tell us if your firm has in the past, or is currently experiencing limitations in accessing capital and credit and how this limitation impacts the ability of your firm to compete with other similarly situated firms.
5. Have you experienced or perceived discrimination, whether chronic or a one-time event? What impact do you feel the incidence of discrimination had (or currently has) on your personal, educational or business advancement?
6. Have you ever been denied membership in an organization that would have helped you personally or professionally, or perceived that you would have been denied membership by such an organization? If yes, please describe.
7. Please discuss any other related experiences you have had that you believe has diminished you opportunity to advance your business.

Affidavit

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

“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 directly to the City of New Orleans, Harrah’s New Orleans Casino and Hotel, New Orleans Aviation Board and Sewerage & Water Board of New Orleans current, complete, and accurate information requested herein and agrees to permit the audit and examination of books, records, and files of the named business. Any intentional material misrepresentation in this application may be grounds for criminal or civil penalties.”

Note: If, after filing this Certification Application there is any significant change in the information submitted, you must inform the Certification Team of the change.

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)



State & Local Disadvantaged Business Enterprise Certification Application

Checklist of Supporting Documents	
	Notarized Affidavit
	Certificate of Organization/Incorporation with the Louisiana Secretary of State
	Articles of Organization/Incorporation
	Operating Agreement or By-Laws
	Stock Certificates/Membership Certificates (front and back)
	Document(s) reflecting each owner's share of profits, losses, and ownership capital
	Document(s) reflecting ownership options and/or agreements between owners or third parties.
	Document(s) indicating the initial and subsequent capitalization
	Bank Account Signature card and/or resolution for the primary business bank account
	Copies of any loans or lines of credit made to the business or by the business
	List of all persons in the firm currently working for any other business which has a relation with the applicant firm
	List of all business names previously used by any owner
	Signed copies of U.S. Corporate Tax Returns for the last three (3) years (including all schedules and attachments)
	Balance Sheets and Income Statements for the last three (3) years and from within the last 90 days
	Signed copies of U.S. Income Tax Returns for the last three (3) years (including all schedules, W-2s, and attachments) for each owner
	Signed Personal Financial Statement for each owner dated from within the last 90 days
	Proof of U.S. Citizenship and Current Photo ID for each owner
	Résumés for each owner and management personnel
	Specialty Trade License(s) and/or Operating License(s) from within the State of Louisiana
	Current Occupational License from within the State of Louisiana
	List of equipment owned and/or leased with Certificates of Title or lease agreements
	Proof of current DBE status with any other certifying agency