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**SMALL BUSINESS ENTERPRISE PLAN**

**FOR**

**THE LOUIS ARMSTRONG NEW ORLEANS INTERNATIONAL AIRPORT**

**Federal Aviation Administration**  
**Initial Submission April 2012**  
**Revised Submission August 2013**  
**Revised Submission February 2014**  
**Approved March 2014**



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# **SMALL BUSINESS ENTERPRISE PROGRAM**

## **Policy Draft and Program Design**

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### **OVERVIEW**

In compliance with the new final rule of 49 CFR Part 26 Section 26.39, the New Orleans Aviation Board (NOAB) must have a program to facilitate competition by small business concerns and must take all reasonable steps to eliminate barriers to small business participation. As such, the NOAB as part of the Louisiana Unified Certification Program has united with Regional Transit Authority (RTA) Office of Small Business Development and Economic Opportunity and the Small Business Enterprise (SBE) Program to establish a race-neutral strategy for achieving compliance with 49 CFR Part 26 regarding the utilization of socially and economically disadvantaged businesses. The SBE Program is designed to better ensure participation of small businesses including businesses owned by socially and economically disadvantaged individuals or Disadvantaged Business Enterprises (DBEs) in federally funded contracts and procurements through race-and gender-neutral means.

Additionally, for projects that are not DOT assisted (non-federal funding) the NOAB will use the SBE Program to level the playing field.

### **Methodology for Program Design**

The methodology used in designing the small business program for compliance with the new final rule involved best practice research on diversity procurement practices and race- and gender neutral strategies for public agencies; and targeted focus group activities. Focus group activities included representatives from the Administrative staff and department heads; small business assistance organizations; local chambers of commerce; and industry groups including the Associated General Contractors (AGC) and the Associated Builders and Contractors (ABC).

## **POLICY GUIDANCE**

### **Policy/Objectives**

It is the policy of the NOAB to achieve the following objectives under its SBE Program:

- a. To ensure compliance with policies for DBE and small business utilization through race-neutral programmatic activity; and
- b. To support the growth and development of small businesses in the New Orleans region.

### **Federal Small Business Program**

The NOAB is a recipient of federal grants of \$250,000 or more for airport planning or development, and or operating assistance in a Federal fiscal year. As a condition of receiving this federal funding NOAB is legally required to establish and maintain a small business program in compliance with Title 49 of the U.S. Code of Federal Regulations Part 26 Section 26.39.

### **Key Definitions**

*Economically Disadvantaged* – For a business owner to be considered economically disadvantaged his/her Personal Net Worth (PNW), not including ownership interest in the primary residence or business, cannot exceed \$1.32 million in accordance with 49 CFR Section 26.67 as amended by the new final rule of January 11, 2011.

*Set-Asides* –This refers to a contracting practice that restricts eligibility for the competitive award of a contract solely to specific businesses. While DBE set-asides are specifically prohibited by 49 CFR Part 26 (Section 26.43) except in limited and extreme circumstances, Section 26.39 allows USDOT funded agencies to establish race-neutral small business only competitive procurement activity for prime contracts.

*Small Business Enterprise (SBE)* –This refers to a for-profit business (i) that is at least 51% owned by one or more individuals who are economically disadvantaged or, in the case of a publicly-owned business, in which 51% of the stock is owned by one or more such individuals, and (ii)

whose management and daily business operations are controlled by one or more economically disadvantaged individuals who own it.

### **Non-Discrimination**

In the development and implementation of the SBE program, the NOAB is prohibited from excluding any person from participation in, denying any person the benefits of, or otherwise discriminating against anyone in connection with the award and performance of any contract on the basis of race, color, sex, or national origin.

Additionally, in administering its SBE program the NOAB must not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the Disadvantaged Business Enterprise (DBE) program with respect to individuals of a particular race, color, sex, or national origin. The SBE program must be designed and implemented to augment and support the DBE program, not to circumvent the requirements of the DBE program for mitigating the negative effect of discrimination.

### **Legal Authority for Federal DOT-related SBE Programs**

The Code of Federal Regulations 49 CFR Part 26 Section 26.39 sets forth the legal authority for the creation and enforcement of the federal component of the NOAB's SBE Program.

### **Assurances**

The SBE Program is compliant with all sections of the Louisiana Revised Statutes.

The SBE program is open to all eligible Small Business Enterprises that meet the size standard of economic disadvantage regardless of race and gender of the business owner, or the geographic location of the business. There is no local, regional or geographic preference in program participation.

The SBE Program is in compliance with 49 CFR Part 26 and the Louisiana Revised Statutes. As such, there are no geographic preferences or limitations on any procurement activity of the agency.

The SBE program is intended to provide opportunities to all eligible Small Business Enterprises. Every effort will be made to avoid and/or mitigate barriers to participation by new and emerging businesses in the economic opportunities afforded by the NOAB. As well, the program will impose no limits on the number of contracts awarded to certified SBEs.



## **IMPLEMENTATION**

### **SBE Program Administration**

The Small Business Enterprise (SBE) Program shall be administered by the Disadvantaged Business Enterprise Department.

### **Disadvantaged Business Enterprise Liaison Officer (DBELO)**

The DBELO is responsible for coordinating and administering all aspects of the NOAB's SBE Program. The DBELO has the responsibility of promoting and fostering small business participation in contracts let by the NOAB for both DOT assisted and non-federally funded projects.

The DBELO has direct, independent access to the Chief Executive Officer concerning small business and economic opportunity matters. The DBELO can be contacted at:

New Orleans Aviation Board  
DBE Liaison Office  
P. O. Box 2007  
New Orleans, LA 70141  
504-303-7611 (tel)  
504-303-7614 (fax)  
E-mail: [www.flymsy.com](http://www.flymsy.com)

### **Goal Setting**

The NOAB's goals include both race-conscious and race neutral requirements for utilization. The annual overall goal for both race-conscious and race-neutral programmatic activity is established by the DBE Liaison Officer in compliance with Section 26.45 of 49 CFR Part 26. Individual project goals for SBE participation for both DOT-assisted and non-federally funded projects, procurements and purchases will be established by the DBE Liaison Officer.

## **PROGRAM DESIGN**

### **Small Business Enterprise (SBE) Program**

The Small Business Enterprise (SBE) program is designed to facilitate competition by small businesses in the New Orleans Region for contracting and procurement activity at the NOAB. The program requires certification of small businesses to better ensure a level playing field. Additionally, the SBE program utilizes procurement strategies that support economic inclusion as detailed below.

### **Certification**

The NOAB will certify businesses as SBEs based on the business size standards set forth in 49 CFR Part 26, Section 26.65 for DBE eligibility. Additionally, SBE certification eligibility will include the provisions of Section 26.67(2)(i) which establishes a Personal Net Worth threshold of \$1.32 million for the individual owner of the business seeking certification. SBE certification will utilize the same procedures as DBE certification relative to the application process and documentation requirements. However, the presumption of social disadvantage required for DBE certification under Section 26.67(a) will not be applicable to SBE certification as the program is race-neutral.

The NOAB will utilize the Louisiana Unified Certification Program (LAUCP) application for SBE certification. In reviewing the application and making the determination of SBE eligibility the NOAB will utilize the relevant standards detailed in 49 CFR Part 26, Sections 26.61 through 26.91 with the exception of the presumption of social disadvantage based on race and gender.

Businesses that are currently certified as DBEs through the LAUCP will be eligible for SBE certification. Certified DBEs seeking small business certification in the SBE program will be required to submit a sworn affidavit of compliance. Socially and economically disadvantaged businesses that are not currently certified can apply for both DBE and SBE certification via the DBE certification application.

### **SBE Directory and Vendor Registry**

In accordance with the Louisiana Unified Certification Program (LAUCP), one internet-based database will be established and maintained by the Regional Transit Authority of New Orleans (RTA) for this SBE Program only. Development of the registry will involve issuance of Requests for Information (RFIs) for vendors and suppliers by product or service category (e.g. construction, engineering, accounting, consumable supplies, etc.) that are purchased by the agency. The RFIs' will solicit such information as bonding and financial capacity, inventory maintenance, project size, quality assurance, etc. as applicable to the product or service category. The NOAB by and through RTA will implement a web-based vendor registration system to afford access to contract opportunities. The vendor registry will include information relative to the company's product and/or service offering.

### **Small Purchase Program**

The NOAB's small purchase policy is guided by the Louisiana Public Bid Law LA RS 39:1508 and allows small purchases of professional, personal, consulting and social services not exceeding \$15,000 to be solicited by written competitive price quote from a minimum of two sources. For small purchase activity the NOAB may solicit purchase and procurement from Small Business Enterprises (SBEs) with the capacity to provide the service.

### **Stand Alone Projects**

The NOAB, where practical, will make efforts to un-bundle large capital and infrastructure projects and create stand-alone projects in areas where SBEs have the capacity to compete in the small business market. For example, the NOAB may remove certain construction activities (e.g. fencing, landscaping, demolition, etc.) from a large capital project and bid these activities as stand-alone Small Business Competition projects. Creation of stand-alone projects will require approval of the DBELO, the Director of Procurement and the Director of the user department.

### **Collaborative Contracting**

The NOAB will promote and support the development of joint ventures and collaborative contracting by SBEs. To assist with the development of joint ventures the NOAB will host Business to Business (B2B) conferences targeting select procurement activity for collaborative contracting. Additionally, to support joint venture development the NOAB will utilize the services of regional small business development and financial organizations to provide the legal and financial support needed for effective joint venture development.

### **Building Capacity**

In order to build capacity among small businesses in the region the NOAB may devise incentives for prime contractors using SBEs.. For professional services selected by an RFP or RFQ process the NOAB will structure the evaluation criteria to provide additional scoring points to prime contractors bidding with a SBE subcontractor. For these professional services selected by an RFQ or RFQ process, the NOAB may count an additional five percentage points to the SBE participation. For example, if the project has a 25% SBE goal and the prime bidder utilizes an SBE t for 20% of the total contract value, the SBE participation will count as 25%.

### **Reporting**

All DBE Participation attained via the SBE program shall be reported as race- and gender neutral participation.

# ATTACHMENTS

**Attachment A:**

**SBE New Certification Instructions, Application, SBE Affidavit of Certification Eligibility & Supporting Documents Checklist**

**Attachment B:**

**SBE Annual Update Application, Affidavit of No Change & Supporting Documents Checklist**

**Attachment C:**

**Personal Net Worth Statement and Affidavit of Personal Net Worth**

**ATTACHMENT A:**

**SBE NEW CERTIFICATION INSTRUCTIONS,  
APPLICATION, SBE AFFIDAVIT OF CERTIFICATION ELIGIBILITY &  
SUPPORTING DOCUMENTS CHECKLIST**



# SMALL BUSINESS ENTERPRISE PROGRAM

## 49 C.F.R. PART 26

**INSTRUCTIONS FOR COMPLETING THE SMALL BUSINESS ENTERPRISE (SBE) PROGRAM  
CERTIFICATION APPLICATION**

**NOTE:** If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers

**Section 1: CERTIFICATION INFORMATION**

**A. Prior/Other Certifications**

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the certifying agency that conducted the review.

**NOTE:** If you are currently certified as a Disadvantaged Business Enterprise (DBE) in this state, you are eligible for a streamlined certification process. Under the streamlined process, you must submit a notarized SBE Affidavit of Certification Eligibility attesting that your business meets the program requirements.

**B. Prior/Other Applications and Privileges**

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

- (4) Give the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit."  
**NOTE:** If you checked "No," then you do NOT qualify for the SBE program and therefore do not need to complete the rest of this application. The SBE program requires all participating firms be for-profit enterprises.
- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

**Section 2: GENERAL INFORMATION**

**A. Contact Information**

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

**B. Business Profile**

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.

**C. Relationships with Other Businesses**

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
  - (a) your firm has been a subsidiary of any other firm;
  - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
  - (c) your firm has owned any percentage of any other firm; and
  - (d) your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.



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**D. Immediate Family Member Businesses**

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage the type of business, and whether they own or manage the company.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

**C. Disadvantaged Status**

**NOTE: You only need to complete this section for each owner that is applying for SBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the SBE program)**

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for SBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

**Section 3: OWNERSHIP**

**Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):**

**A. Background Information**

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (7) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a SBE owner. This, however, does not necessarily disqualify your firm altogether from the SBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

**Section 4: CONTROL**

**A. Identify your firm's Officers and Board of Directors:**

- (1) In the space provided, state the name, title, and date of appointment of each officer of your firm.
- (2) In the space provided, state the name, title, and date of appointment of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

**B. Ownership Interest**

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

**B. Identify your firm's management personnel (by name and title) who control your firm in the following areas:**

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;

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- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
  - (6) Office management;
  - (7) Marketing and sales;
  - (8) Purchasing of major equipment;
  - (9) Signing company checks (for any purpose); and
  - (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
  - (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
  - (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.
- C. Indicate your firm's inventory in the following categories:**
- (1) Equipment**  
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
  - (2) Vehicles**  
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
  - (3) Office Space**  
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.
  - (4) Storage Space**  
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.
- D. Does your firm rely on any other firm for management functions or employee payroll?**  
Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.
- E. Financial Information**
- (1) Banking Information
    - (a) State the name of your firm's bank.
    - (b) Give the main phone number of your firm's bank branch.
    - (c) Give the address of your firm's bank branch.
  - (2) Bonding Information
    - (a) State your firm's Binder Number.
    - (b) State the name of your firm's bond agent and/or broker.
    - (c) Give your agent's/broker's phone number.
    - (d) Give your agent's/broker's address.
    - (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.
- F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:**  
State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.
- G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:**  
Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.
- H. List current licenses/permits held by any owner or employee of your firm.**  
List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.
- I. List the three largest contracts completed by your firm in the past three years, if any.**  
List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.
- J. List the three largest active jobs on which your firm is currently working.**  
For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.
- AFFIDAVIT & SIGNATURE**  
Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

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# Certification Application

### ROADMAP FOR APPLICANTS

#### Should you apply?

Yes  No

Is your firm at least 51% owned and controlled by an economically disadvantaged individual (s) (where economically disadvantaged is defined a person's who's personal net worth is less than \$1.32 million and who's ability to compete in the free enterprise system has been impaired due to capital and credit opportunities)?

Yes  No

Is the economically disadvantaged owner a U.S. citizen or lawfully permanent resident of the U.S.?

Yes  No

Is your firm a small business that meets the Small Business Administration's (SBA) size standard and does not exceed \$17.42 million gross annual receipts?

Yes  No

Is your firm organized as a for-profit business?

If you answered "Yes" to all of the questions above, you may be eligible to participate in the Small Business Enterprise (SBE) program.

#### Is there an easier way to apply?

If you are currently certified as a Disadvantaged Business Enterprise (DBE) in this state, you are eligible for a streamlined certification process. Under the streamlined process, you must submit a notarized SBE Affidavit of Certification Eligibility attesting that your business meets the program requirements.

**Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.**

#### Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/DBEProgram> (this site provides useful links to the rules and regulations governing the SBE program, questions and answers, and other pertinent information)
- SBA – <http://www.census.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/content/small-business-size-standards> (provides a listing of SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the SBE program)

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*Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.*

### Section 1: CERTIFICATION INFORMATION

**A. Prior/Other Certifications**

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es).)</i>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit? <input type="checkbox"/> Yes, on ___ / ___ / ___ State: _____ <input type="checkbox"/> No
	<input type="checkbox"/> 8(a)	<b>NOTE:</b> If you checked the DBE box, and are certified in this state, you <b>are eligible for a streamlined certification process</b> . Under the streamlined process, you must submit a notarized SBE Affidavit of Certification Eligibility attesting that your business meets the program requirements.
	<input type="checkbox"/> SDB	

**B. Prior/Other Applications and Privileges**

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? <input type="checkbox"/> Yes, on ___ / ___ / ___ <input type="checkbox"/> No If Yes, identify State and name of state, local or Federal agency and explain the nature of the action:
--

### Section 2: GENERAL INFORMATION

**A. Contact Information**

(1) Contact Person and title:	(2) Legal name of firm:			
(3) Phone #:	(4) Other Phone#:	(5) Fax #:		
(6) E-mail:	(7) Website <i>(if have one)</i> :			
(8) Street address of firm <i>(no P.O. Box)</i> :	City:	County/Parish:	State:	Zip:
(9) Mailing address of firm <i>(if different)</i> :	City:	County/Parish:	State:	Zip:

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**B. Business Profile**

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any):
(3) This firm was established on ____ / ____ / ____.	(4) I/We have owned this firm since ____ / ____ / ____.
(5) Method of acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain): _____	
(6) Is your firm "for profit?" <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>STOP!</b> If your firm is NOT for-profit, then you do NOT qualify for this program and NOT need to fill out this application.
(7) Type of firm (check all that apply): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, describe: _____	
(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain: _____	
(9) Number of employees: Full-time _____ Part-Time _____ Total _____	
(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total Receipts \$ _____ Year _____ Total Receipts \$ _____ Year _____ Total Receipts \$ _____	

**C. Relationships with Other Businesses**

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, identify: _____ If Yes, identify other Firm's name: _____ Explain nature of shared facilities: _____	
(2) At present, or at any time in the past, has your firm:	(a) Been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Owned any percentage of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No (d) Had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Has any other firm had an ownership interest in your firm at-present or at any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SMALL BUSINESS ENTERPRISE PROGRAM 49 C.F.R. PART 26

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach additional sheets, if needed):

<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.		
2.		
3.		

**D. Immediate Family Member Businesses**

Do any of your immediate family members own or manage another company?  
 Yes  No If Yes, then list (attach additional sheets, if needed):

<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.				
2.				

### Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, proving the information requested below (if more than one owner, attach separate sheets for each additional owner):

**A. Background Information**

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (street and number)	City	State      Zip
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	(7) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No

**B. Ownership Interest**

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	<u>Type</u>	<u>Dollar Value</u>
(3) Percentage owned:		Cash	\$
(4) Familial relationship to other owners:		Real Estate	\$
		Equipment	\$
		Other	\$
(5) Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>
			<u>Date acquired</u>
			<u>Method Acquired</u>
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify:			
Name of Business:		Function/Title:	

## SMALL BUSINESS ENTERPRISE PROGRAM 49 C.F.R. PART 26

(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?  
 Yes  No If Yes, identify:  
 Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_  
 Nature of Business Relationship: \_\_\_\_\_

**C. Economic Disadvantage**

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for SBE qualification? (Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)

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(2) Has any trust been created for the benefit of this disadvantaged owner(s)?  
 Yes  No If Yes, explain (attach additional sheets, if needed):

### Section 4: CONTROL

**A. Identify your firm's Officers & Board of Directors** (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed
<b>(1) Officers of the Company</b>	(a)		
	(b)		
	(c)		
	(d)		
	(e)		
<b>(2) Board of Directors</b>	(a)		
	(b)		
	(c)		
	(d)		
	(e)		

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business?  Yes  No If Yes, identify for each:  
 Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

## SMALL BUSINESS ENTERPRISE PROGRAM 49 C.F.R. PART 26

(4) Do any of the persons listed in (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?  
 Yes  No If Yes, identify for each:  
 Firm Name: \_\_\_\_\_ Person: \_\_\_\_\_  
 Nature of Business Relationship: \_\_\_\_\_

**B. Identify your firm’s management personnel who control your firm in the following areas** (If more than two persons, attach a separate sheet):

	Name	Title
(1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	a.	
	b.	
(2) Estimating and Bidding	a.	
	b.	
(3) Negotiating and Contract Execution	a.	
	b.	
(4) Hiring/Firing of Management Personnel	a.	
	b.	
(5) Field/Production Operations Supervisor	a.	
	b.	
(6) Office Management	a.	
	b.	
(7) Marketing/Sales	a.	
	b.	
(8) Purchasing of Major Equipment	a.	
	b.	
(9) Authorized to Sign Company Checks (for any purpose)	a.	
	b.	
(10) Authorized to Make Financial Transactions	a.	
	b.	

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business?  Yes  No If Yes, identify for each:  
 Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_



## SMALL BUSINESS ENTERPRISE PROGRAM 49 C.F.R. PART 26

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?  Yes  No If Yes, identify for each:

Firm Name: \_\_\_\_\_ Person: \_\_\_\_\_

Nature of Business Relationship: \_\_\_\_\_

**C. Indicate your firm's inventory in the following categories** (attach additional sheets if needed):

**(1) Equipment**

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

**(2) Vehicles**

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

**(3) Office Space**

Type of Equipment	Make/Model	Owned or Leased?	Current Value of Property or Lease
(a)			
(b)			

**(4) Storage Space**

Type of Equipment	Make/Model	Owned or Leased?	Current Value of Property or Lease
(a)			
(b)			

**D. Does your firm rely on any other firm for management functions or employee payroll?**  Yes  No

If Yes, explain:

## SMALL BUSINESS ENTERPRISE PROGRAM 49 C.F.R. PART 26

**E. Financial Information**

**(1) Banking Information:**

(a) Name of bank: \_\_\_\_\_ (b) Phone No: (\_\_\_\_\_) \_\_\_\_\_

(c) Address of bank: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(2) Bonding Information:** If you have bonding capacity, identify: (a) Binder No: \_\_\_\_\_

(b) Name of agent/broker: \_\_\_\_\_ (c) Phone No: (\_\_\_\_\_) \_\_\_\_\_

(d) Address of agent/broker: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(e) Bonding limit: Aggregate limit \$ \_\_\_\_\_ Project limit \$ \_\_\_\_\_

**F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:**

Name of Source	Address of Source	Name of person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

**G. List all contributions of transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):**

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

**H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (attach additional sheets if needed):**

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

**I. List the three largest contracts completed by your firm in the past three years, if any:**

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

## SMALL BUSINESS ENTERPRISE PROGRAM 49 C.F.R. PART 26

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

SAMPLE

# SMALL BUSINESS ENTERPRISE PROGRAM

## 49 C.F.R. PART 26

### SBE AFFIDAVIT OF CERTIFICATION ELIGIBILITY

*This form must be signed and notarized for each owner upon which economic disadvantage status is relied.*

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO THE APPLICABLE FEDERAL AND STATE LAW.

I, \_\_\_\_\_ (full name, printed), swear or affirm under penalty of law that I am  
Owner (title) of applicant firm, \_\_\_\_\_ (firm name), and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that my personal net worth does not exceed \$1.32 million, and that my ability to compete in the free enterprise system has been impaired due to capital and credit opportunities as compared to others in the same or similar line of business who are not economically disadvantaged. I further certify that my firm meets the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26.

I declare, under penalty of perjury, that the information provided in this application and supporting documents relating to my economic disadvantaged status and me is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)

My commission expires \_\_\_\_\_.

# SMALL BUSINESS ENTERPRISE PROGRAM

## 49 C.F.R. PART 26

### APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for SBE certification, you must attach copies of all of the following documents as they apply to you and your firm.

#### **All Applicants**

- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Personal Financial Statement (form available with this application)
- Personal, federal tax returns for the past three years, if applicable, for each owner claiming economic disadvantaged status
- Your firm's federal tax returns (gross receipts) and all related schedules, forms, etc. for the past three years
- Corporate year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet
- Documented proof of contributions used to acquire ownership for each owner (e.g. both sides of cancelled checks)
- Your firm's signed loan agreements, security agreements, and bonding forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- List of equipment leased and signed lease agreements
- List of construction equipment and/or vehicles owned and titles/proof of ownership
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- All relevant licenses, license renewal forms, permits, and haul authority forms
- DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- Trust agreements held by any owner claiming disadvantaged status, if any

#### **Partnership or Joint Venture**

- Original and any amended Partnership or Joint Venture Agreements

#### **Corporation or LLC**

- Official Articles of Incorporation (signed by the state official)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement
- Minutes of all stockholders and board of directors meetings
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

#### **Trucking Company**

- Documented proof of ownership of the company
- Insurance agreements for each truck owned or operated by your firm
- Title(s) and registration certificate(s) for each truck owned or operated by your firm
- List of U.S. DOT numbers for each truck owned or operated by your firm

#### **Regular Dealer**

- Proof of warehouse ownership or lease
- List of product lines carried
- List of distribution equipment owned and/or leased

**ATTACHMENT B:**

**SBE ANNUAL UPDATE APPLICATION,  
AFFIDAVIT OF NO CHANGE &  
SUPPORTING DOCUMENTS CHECKLIST**







# SMALL BUSINESS ENTERPRISE PROGRAM

## 49 C.F.R. PART 26

### ANNUAL UPDATE AFFIDAVIT

I, \_\_\_\_\_ (owner, full name, printed), swear (or affirm), under penalty of law, that there have been no changes in the circumstances of \_\_\_\_\_ (firm name) affecting the company's ability to meet the size, economic disadvantage status, ownership or control requirements of the Small Business Enterprise (SBE) Program. I swear (or affirm) that there have been no material changes in the information provided with the company's application for certification, except for any changes about which I have provided written notice to the certifying agency.

I swear (or affirm) that my personal net worth does not exceed \$1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business.

I swear (or affirm) that my company continues to meet the Small Business Administration (SBA) size criteria and the overall gross receipts cap of 49 CFR Part 26, and that my company's average annual gross receipts (as defined by SBA rules) over the previous three fiscal do not exceed \$ \_\_\_\_\_. I provide the attached size and gross receipts documentation to support this affidavit.)

I declare, under penalty of perjury, that the information provided in this application and supporting documents relating to my economic disadvantaged status and me is true and correct.

Signature: \_\_\_\_\_

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

### NOTARY CERTIFICATE:

# SMALL BUSINESS ENTERPRISE PROGRAM

## 49 C.F.R. PART 26

### ANNUAL UPDATE SUPPORTING DOCUMENTS CHECKLIST

*In order to complete your submission for SBE Annual Update, you must attach copies of all of the following documents as they apply to you and your firm.*

PLEASE PROVIDE DOCUMENTATION RELATIVE TO **CHANGES AND ADDITIONS** SINCE FIRM'S MOST RECENT CERTIFICATION OR ANNUAL UPDATE. DO NOT SUBMIT ANY PIECE OF DOCUMENTATION BELOW THAT **HAS NOT CHANGED** SINCE MOST RECENT CERTIFICATION OR ANNUAL UPDATE.

#### All Applicants

- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Personal Financial Statement (form available with this application)
- Personal, federal tax returns for the past three years, if applicable, for each owner claiming economic disadvantaged status
- Your firm's federal tax returns (gross receipts) and all related schedules, forms, etc. for the past three years
- Corporate year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- Your firm's signed loan agreements, security agreements, and bonding forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- List of equipment leased and signed lease agreements
- List of construction equipment and/or vehicles owned and titles/proof of ownership
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- All relevant licenses, license renewal forms, permits, and haul authority forms
- DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- Trust agreements held by any owner claiming disadvantaged status, if any

#### Partnership or Joint Venture

- Amended Partnership or Joint Venture Agreements

#### Corporation or LLC

- Official Articles of Incorporation (*signed by the state official*), if name of company changed
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Amendments to Shareholders' Agreement
- Minutes of all stockholders and board of directors meetings
- Amendments to by-laws
- Changes to corporate bank resolution and bank signature cards
- Amendments to Official Certificate of Formation and Operating Agreement (for LLCs)

#### Trucking Company

- Insurance agreements for each truck owned or operated by your firm
- Title(s) and registration certificate(s) for each truck owned or operated by your firm
- List of U.S. DOT numbers for each truck owned or operated by your firm

#### Regular Dealer

- Any changes to warehouse ownership or lease
- Document any change to product lines carried
- Any change to list of distribution equipment owned and/or leased



**ATTACHMENT C:**

**PERSONAL NET WORTH STATEMENT AND  
AFFIDAVIT OF PERSONAL NET WORTH**



**Instructions to complete Personal Financial Statement (SBA Form 413) for the Unified Certification Program:**

1. Fill out all line items to the best of your ability. Be sure to include the DATE in the upper right corner of the First page.
2. Include all of your and, if applicable, your spouse's assets and liabilities.
3. Assets that must be included are real property (includes rental or vacation homes), personal property wherever located (includes household goods, collectibles, clothing and jewelry), other businesses, vehicles, boats, trailers, cash, bank accounts, stocks, bonds, retirement accounts, insurance policies and any other assets where you have an ownership interest.
4. Complete Section 4 for all of your real estate. Be sure to include and identify which is your primary residence.
5. For married individuals, list both names and all property, including both community and separate property. Complete Section 5 to identify separate property for each spouse.
6. Describe other assets, other property, and other liabilities in detail. Include your equity in your business also, under Other Assets, and then itemize all Other Assets in Section 5.
7. Market values for items such as real estate, other assets and other property should be as accurate as possible to their value as of the above date.
8. If necessary, use additional sheet(s) of paper to report all information and details.
9. To compute **Net Worth**, first add all liabilities and put that figure in the Total Liabilities line, then subtract Total Liabilities from Total Assets to get your **Net Worth**.
10. To determine economic disadvantage eligibility, your **Net Worth** amount will be adjusted by the following to obtain an Adjusted Net Worth figure (see worksheet below).
  - Exclusion of an individual's ownership interest in the applicant firm;
  - Exclusion of an individual's equity in his or her primary residence;
  - Deduction of tax and interest penalties that would accrue if retirement savings or investments (e.g., pension plans, Individual Retirement Accounts, 401(k) accounts, etc.) were distributed at the present time.
  - **For airport concessionaire only:** Exclusion of other assets documented to be necessary to obtain financing or a franchise agreement for the initiation, support, or expansion of an airport concession, to a maximum of \$3 million.

An individual's personal net worth includes only his or her own share of assets held jointly or as community property with the individual's spouse. If your Adjusted Net Worth exceeds the \$1.32m cap and you, individually, or you and other individuals are the majority owners of an applicant firm, the firm is not eligible for DBE certification. If the Adjusted Net Worth of the majority owner(s) exceeds the \$1.32m cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise the firm no longer qualifies.

Adjusted Net Worth Worksheet:

Net Worth (less one-half of community property, if applicable).....	\$ _____
Less: ① ownership interest in applicant firm.....	( _____ )
② equity in primary residence .....	( _____ )
③ tax and interest penalties on retirement accounts.....	( _____ )
④ airport concessionaire exclusion, if applicable.....	( _____ )
<b>Adjusted Net Worth Total.....</b>	<b>\$ _____</b>

11. Be sure to sign and date at the end of the statement. If you have any questions or would like assistance in completing this form, please contact one of the certifying agencies on the enclosed Roster.





# PERSONAL FINANCIAL STATEMENT

**New Orleans Aviation Board**

As of \_\_\_\_\_, 20\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Business Name of Applicant: \_\_\_\_\_

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks.....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Bank and Others.....	\$ _____
IRA or Other Retirement Account.....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable.....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance – Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other) .....	\$ _____
Stocks and Bonds.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance.....	\$ _____
Real Estate .....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile – Present Value .....	\$ _____	Unpaid Taxes.....	\$ _____
Other Personal Property .....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities.....	\$ _____
Other Assets .....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities.....	\$ _____
Total.....	\$ _____	Net Worth.....	\$ _____
		Total .....	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary .....	\$ _____
Net Investment Income.....	\$ _____
Real Estate Income.....	\$ _____
Other Income (Describe below)* .....	\$ _____
	\$ _____
	\$ _____
	\$ _____

Description of Other Income in Section 1.

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\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How secured or Endorsed Type of Collateral



**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

# of Shares	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/ Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail)

**Section 8. Life Insurance Held** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

I authorize NOAB to make inquiries as necessary to verify the accuracy of the statements made. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining DBE certification. I understand FALSE statements may result in forfeiture of certification and possible prosecution by the U.S Attorney General (Ref?)

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

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

PLEASE NOTE: If you have questions or comments concerning this estimate or any other aspect of this information, please contact the Disadvantaged Business Enterprise Office, New Orleans International Airport, P.O. Box 20007, New Orleans, LA 70141.

**SCHEDULE E  
AFFIDAVIT OF PERSONAL NET WORTH**

STATE OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

**BEFORE ME**, the undersigned notary public, duly authorized in the State and County (Parish) aforesaid, personally came and appeared \_\_\_\_\_,

Name of Owner

who first being duly sworn did depose and state that:

1. He/she is the (an) owner of, \_\_\_\_\_,

Name of Firm

\_\_\_\_\_  
Firm Address

2. His/her total personal net worth is \$ \_\_\_\_\_, as of the date written herein below.

3. This affidavit is based upon the personal financial statement/balance sheet attached hereto and incorporated herein as if copied *in extenso*.

4. This affidavit is submitted in connection with the application for DBE certification filed on behalf of

\_\_\_\_\_  
Name of Firm

Firm Address

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)

My commission expires \_\_\_\_\_.