

For Office Use Only	
Initial Application Received	
Add'l Information Requested	
Add'l Information Received	
Site Visit Date	
Date Certified	By

**SLDBE/EDB CERTIFICATION CHECKLIST FOR NOAB
STATE AND/OR LOCALLY FUNDED CONSTRUCTION PROJECTS
AND ALL SEWERAGE AND WATER BOARD CONTRACTS**

Name of Business _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-Mail _____

<p><i>Review of Supporting Documents for Recertification:</i></p> <p> <input type="checkbox"/> Sole Proprietorship/Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) </p>

SCHEDULE C

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

If the New Orleans Aviation Board, the Sewerage & Water Board, or the City of New Orleans 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 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 (____) _____ Fax (____) _____
E-mail Address: _____
4. Contact Person(s) _____
5. Title(s) _____

SUPPLY ITEMS CHECKED

- ✓ Proof of additional money contributions – cancelled checks
- ✓ Proof of additional equipment contributions – copies of registration(s) and/or title(s)
- ✓ Proof of additional real estate investments – copy(ies) of title(s)
- ✓ Cancelled and newly issue stock certificates
- ✓ Organizational or special meetings regarding these changes
- ✓ Changes to the organization's structure since submission of the last application for certification / recertification
- ✓ Notarized affidavit
- ✓ Signed copies of the previous two (2) years of personal and business tax returns
- ✓ Proof of any changes in ownership
- ✓ Personal financial (net worth) statements
- ✓ Business financial statements within last 90 days including balance sheet and income statement

OWNERSHIP

LIST CURRENT OWNERS

6. **CURRENT OWNERS**

Name	Years of Ownership	Ownership Percentage	Voting Percent

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

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

Yes No If Yes, please provide supporting documents.

OPERATIONS

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

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

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

TYPE OF EQUIPMENT	MAKE AND YEAR	QUANTITY

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

Yes No License # _____

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

Yes No

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

ADDED CLASSIFICATIONS AND SIC CODES	QUALIFYING PARTY FOR EXAM

CONTROL

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

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

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

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

Person(s) Responsible	Title	Change

b. Estimating: cost estimates, bid preparation, or negotiations

Person(s) Responsible	Title	Change
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c. Hiring/Firing of Management Personnel:

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

Person(s) Responsible	Title	Change
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e. List All Field Superintendents:

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

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

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

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

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

\$ _____

\$ _____

14. Is there anything else that has changed about your firm that you have not indicated above?

Yes No

If Yes, please describe.

SCHEDULE C

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 or the City of New Orleans, current, complete, and accurate information regarding actual work performed on the project, the payment therefore, 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 C 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 NOAB of the change by providing sworn affidavit within thirty (30) days of the occurrence of the change.

Signature _____

Name (print or type) _____

Title _____ Date _____

Corporate Seal (where appropriate)

Date _____

State of _____

County/Parish of _____

On this the _____, day of _____, _____, before me appeared _____, to me personally known, who being duly sworn, did execute

Name

the foregoing affidavit, and did state that he/she was properly authorized by _____,

Name of Firm

to execute the affidavit and did so as his/her free act and deed.

NOTARY PUBLIC

(Seal)

My commission expires _____.

SCHEDULE C

DESIGNATION OF CONFIDENTIALITY

BE IT KNOWN that the New Orleans Aviation Board and _____
Name of Person/Entity
person, partnership, joint venture, limited liability company, limited liability partnership, or corporation doing business
in the State of Louisiana, do hereby mutually declare and designate:

All business, financial and proprietary records, as well as information, data or research work reflecting
written memorialization of oral information relating to the business practices of and personal history of
_____ in order to facilitate the public purpose of the New Orleans

Owner
Aviation Board, specifically for purposes of DBE certification, as private and confidential and the undersigned entity
communicates such information with the expectation and on the condition that it be used and maintained on a
confidential basis only, and that it will not be disclosed to an unauthorized person(s) or entity(ies).

_____, Louisiana, this _____ day of _____,
_____.

Designating Entity

BY: _____
Signature

TITLE: _____

Philistine Glapion-Ferrand
DBE Liaison Officer
New Orleans Aviation Board