

CITY OF SHREVEPORT FAIR SHARE PROGRAM CERTIFICATION AFFIDAVIT

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY, THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND INCLUDE ALL MATERIAL INFORMATION TO IDENTIFY AND EXPLAIN THE OPERATIONS OF THE BUSINESS AS WELL AS THE OWNERSHIP AND CONTROL THEREOF, AND THAT I AM AUTHORIZED ON BEHALF OF THE BUSINESS TO DOCUMENT THIS AFFIDAVIT. I, HEREBY DECLARE, SWEAR, AND AFFIRM THAT I am the _____ And duly authorized representative of _____ herein called the "business" or "firm" whose address is : _____ and

1. That I have read and understand the requirements of the Fair Share Program.
2. That the business/firm will provide any additional information requested by the City of Shreveport to document program qualifications.
3. That the business/firm will provide information about significant changes affecting its ownership and control or any other information contained in this affidavit.
4. That I recognize and acknowledge that any material misrepresentation in the Affidavit will be grounds for termination of any contract which may be awarded in reliance hereon, and for initiating action under Federal, State and local laws concerning false statements.
5. That the City of Shreveport has the legal right to request tax returns for up to three (3) years for the business/firm and/or owner(s).

The undersigned swears that the foregoing statements, including statements and data provided in attachments hereto, are true and correct. This includes all material information necessary to identify and explain the operations of above named and otherwise identified business/firm, as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor, or if no prime contractor is involved, directly to the City of Shreveport, complete and accurate information regarding actual work performed on contracts awarded by the City. The business/firm agrees to permit the audit and examination of its books, records, and files by any authorized official of the City of Shreveport.

505 Travis Street
Suite 260
Shreveport, LA 71101
(318) 673-5060

KAREN M. BARNES
MANAGEMENT ASSISTANT
FAIR SHARE PROGRAM

CERTIFICATION WILL NOT BE GRANTED ON INCOMPLETE INFORMATION.

1. Name of Firm: _____
2. Address of Firm: _____
3. Phone Number of Firm: () _____ Fax Number of Firm: () _____
4. Name of Contact Person: _____

a. Title: _____

5. Legal Structure (must be for-profit) Indicate whether firm is:

a. Sole Proprietorship _____ b. Corporation _____

c. Partnership _____ d. Joint Venture _____

e. Other business entity (specify) _____

6. a. Number of years firm has been in business: _____

b. Nature of firm's business: _____

7. What were the gross receipts of the firm for last year? \$ _____
 What was the business net worth for last year? \$ _____

8. Diminished Capital and Credit:

Yes No NA

Does the firm lack access to long-term financing or credit? _____

Does the firm have working capital financing? _____

Does the firm lack access to equipment trade credit? _____

Does the firm lack access to raw materials? _____

Does the firm lack access to supplier trade credit? _____

Does the firm lack bonding capacity? _____

Has the firm been denied credit? _____

9. Who can sign on the business' account(s)? _____

10. Name of banking institution where account is held _____

11. Ownership: Identify all owners of the firm.

| Name | Sex/Ethnic Origin | Ownership/ Voting % | Citizen- ship | Does Personal Net Worth Exceed \$250,000? |
|------|----------------------|------------------------|------------------|--|
|------|----------------------|------------------------|------------------|--|

a. _____

Title/Duties: _____

b. _____

Title/Duties: _____

12. Give the following information on the resources that this firm has available to operate :

a. Number of employees: Full-time _____ Part-time _____

b. List major equipment leased and/or owned by the firm: (Attach separate sheet if necessary)

| <u>Equipment</u> | <u>Quantity</u> | <u>Age</u> | <u>Leased/Owned</u> |
|------------------|-----------------|------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

13. BACKGROUND INFORMATION

a. List information for the last three projects completed:

Customer Address Phone

b. List information for three major suppliers:

Supplier Address Phone

Copies of the following documents **must** be attached:

- _____ 1. Company's most current balance sheet and income statement
- _____ 2. Resume(s) of owner(s)/manager(s)
- _____ 3. License(s) to do business in Louisiana (State certificates, occupational license permit, etc.)
- _____ 4. Copy of driver's license
- _____ 5. Business bank account verification of signatories
- _____ 6. Articles of incorporation and other business agreements that affect ownership

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY, THAT THAT I HAVE NOT ENTERED INTO ANY ORAL OR WRITTEN AGREEMENT WITH ANY PERSON(S) CONCERNING THE OPERATIONS OF THIS COMPANY OTHER THAN AS PREVIOUSLY DISCLOSED HEREIN.

SIGNATURE: _____

NAME(typed) _____:

TITLE: _____

DATE: _____

Corporate seal

(where appropriate)

SWORN TO AND SUBSCRIBED before me, Notary, this _____ day of _____ 20__

(Notary Seal)

Notary Public



VENDOR'S APPLICATION (Revised 7-17-08)

Please e-mail, mail or fax application to:
 City of Shreveport ● Purchasing Division
 PO Box 31109 ● Shreveport, LA 71130-1109
 505 Travis Street ● Shreveport, LA 71101-3042
 Phone: (318) 673-5450 ● Fax: (318) 673-5408
 web site: www.ci.shreveport.la.us

All information must be provided typed or printed. W-9 form at: <http://www.irs.ustreas.gov/pub/irs-pdf/fw9.pdf?portlet=3>

| | | | |
|---|----------------------|--|--|
| <input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> REVISION | Date of Application: | Dunn & Bradstreet number or other name/number. | Copy of Current Business/Occupational License & W-9 Forms are Required. Are they attached? <input type="checkbox"/> yes <input type="checkbox"/> no ADJUDICATED PROPERTY AFFIDAVIT MAILED? <input type="checkbox"/> |
|---|----------------------|--|--|

| | |
|--------------|--|
| Vendor Name: | Federal Identification or S.S. Number: |
|--------------|--|

| | |
|---|---------------|
| Sales (Order) Address (Street, City, State & Zip Code): | Phone Number: |
|---|---------------|

| | |
|--|-------------|
| Remittance Address (Street, City, State & Zip Code): | Fax Number: |
|--|-------------|

| | |
|-------------------|--------------------|
| Web Site Address: | Years in business: |
|-------------------|--------------------|

Type of Organization: Partnership Sole Proprietorship Corporation DBE Ownership _____%* Minority Ownership _____%

Type of Business or Service: Architect/Engineer Manufacturer or Producer Distributor MFGR'S Agent
 (Check all that apply) Retailer Service Establishment Wholesaler Construction

Commodity codes are used to determine what type of product or service your company provides. It is imperative that the five digit commodity codes are listed on your application. These codes can be accessed on the web at www.ci.shreveport.la.us under Bids & RFPs, Section 900 or by calling our office. **Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services & construction.** Please list all commodity codes that apply. Use the back if more space is needed or send additional codes with e-mail when send application to: purchasing@ci.shreveport.la.us with CC to frances.antoine@ci.shreveport.la.us and mary.fuller@ci.shreveport.la.us. **When working on City property, see Section 600 on the web for Insurance Requirements.**

- | | | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| (1)_____ | (2)_____ | (3)_____ | (4)_____ | (5)_____ | (6)_____ | (7)_____ | (8)_____ |
| (9)_____ | (10)_____ | (11)_____ | (12)_____ | (13)_____ | (14)_____ | (15)_____ | (16)_____ |
| (17)_____ | (18)_____ | (19)_____ | (20)_____ | (21)_____ | (22)_____ | (23)_____ | (24)_____ |
| (25)_____ | (26)_____ | (27)_____ | (28)_____ | (29)_____ | (30)_____ | (31)_____ | (32)_____ |
| (33)_____ | (34)_____ | (35)_____ | (36)_____ | (37)_____ | (38)_____ | (39)_____ | (40)_____ |

Please check all of the classifications below that apply. FSC/DBE requires certification by the Fair Share & DBE City Offices.

| | | | | | |
|--|--|--|--|---|--|
| Small Business (SBE) <input type="checkbox"/> | Large Business (LBE) <input type="checkbox"/> | Fair Share Certified (FSC) <input type="checkbox"/> | Disadvantaged Business (DBE) <input type="checkbox"/> | Architect or Engineer (AEC) <input type="checkbox"/> | Women Owned Business (WBE) <input type="checkbox"/> |
|--|--|--|--|---|--|

| | |
|---|---|
| Persons Authorized to sign bids and Contracts in your name (If an agent, so specify) | Persons to contact on matters concerning bids and contracts |
|---|---|

| Name | Official Capacity | Name | Official Capacity |
|------|-------------------|------|-------------------|
| | | | |
| | | | |

I understand that I will need to watch for the City's ads in the legal section of *The Times* and/or on our web site so that I will know when to contact the City for a copy of an Invitation for Bid (IFB), a Request for Proposal (RFP), or a Request for Statement of Qualification (RFS).

I certify that the information supplied herein (including attached pages) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer, so far as is known, is in arrears on money owed to the City, is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any agency thereof.

| | |
|--|---|
| E-Mail Address and/or Signature of Person Authorized to Sign | Name and Title of Person Authorized to Sign for this Firm |
|--|---|

*Defined as those who are socially disadvantaged by Small Business Administration that includes Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans and Subcontinent Asian Americans. Place actual percentage of ownership from 0% to 100%. **Women are not included in this definition of minority unless they fit into one of these categories.**