



CITY OF SHREVEPORT
OFFICE OF THE MAYOR | OFFICE OF FAIR SHARE
FAIR SHARE APPLICATION

The Office of Fair Share will take the steps necessary to ensure that small, disadvantaged, woman and minority owned businesses have equal opportunity to compete for and perform services regardless of race, color or creed.

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 EXECUTE THIS AFFIDAVIT. I, HEREBY DECLARE, SWEAR, AND AFFIRM THAT I am the _____. And duly authorized representative of _____ therein called the "business"/"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. 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.

Print Name _____

Signature _____ Date _____

9. Background Informationa. 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. Resume(s) of owner(s)/manager(s)
- ____ 2. License(s) to do business in Louisiana (State certificates, occupational license permit, etc.)
- ____ 3. Copy of driver's license
- ____ 4. Articles of incorporation and other business agreements that affect ownership

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY, 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 _____ **DATE** _____

TYPE/PRINT NAME _____ **TITLE** _____

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

Notary Signature

Seal



VENDOR'S APPLICATION (Revised 02-17-16)

Please email, mail or fax application to:
 City of Shreveport Purchasing Division
 P O Box 31109 Shreveport, LA 71130-1109
 505 Travis Street Suite 610 Shreveport, LA 71101-3042
 Phone: 318-673-5450 Fax: 318-673-5408
 web site: www.shreveportla.gov

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:	Copy of Current Business/Occupational License & W-9 Forms are Required. Are they attached? <input type="checkbox"/> yes <input type="checkbox"/> no
		NOTARIZED ADJUDICATED PROPERTY AFFIDAVIT MAILED? <input type="checkbox"/>

Vendor/Contractor Name:	Federal Identification or S.S. Number:
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Sales (Order) Address (Street, City, State & Zip Code):	Phone Number:
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Remittance Address (Street, City, State & Zip Code):	Fax Number:
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Web Site Address:	Email Address:
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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

It is imperative that the commodity codes are listed on your application. These codes can be accessed on the web at www.shreveportla.gov under Bids & RFPs, Section 900 or at BidSync.com. **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. **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) _____
(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) _____	(41) _____	(42) _____	(43) _____	(44) _____	(45) _____	(46) _____	(47) _____

Please check all of the classifications below that apply. FSC requires certification by the Fair Share Office.

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"/>
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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 BidSync.com 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.

Signature of Person Authorized to Sign	Name and Title of Person Authorized to Sign for this Firm
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*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.**