



Small Local Business Enterprise (SLBE) Affidavit
CONTRACT COMPLIANCE DIVISION
CLAYTON COUNTY CENTRAL SERVICES
7994 NORTH MCDONOUGH STREET
JONESBORO, GEORGIA 30236

Dear Prospective SLBE Vendor:

Thank you for your interest in becoming certified with Clayton County Government, Contract Compliance Division, Central Services Division as a **Small Local Business Enterprise (SLBE)**. Pursuant to the Clayton County Small Local Business and Procurement Non-Discrimination Ordinance, Contractors are required to utilize or demonstrate Good Faith Efforts to utilize certified SLBE vendors for a percentage of the total award for all qualified solicitations for which a goal has been established.

Clayton County has two types of SLBE Certifications: (1) Locally Based Inside of Clayton County and (2) Locally Based Outside of DeKalb County but within the five (5) counties contiguous to Clayton County, specifically DeKalb, Fayette, Fulton, Henry, and Spalding Counties. The applicant firm must be located and operate in Clayton County or one of the five contiguous counties for at least one year prior to submitting an application for SLBE certification. To operate means to be the current holder of a valid business license issued by Clayton County or a local government within the specified counties for at least one year prior to submitting an application for SLBE certification.

Certified SLBEs located within Clayton County and prime contractors utilizing them shall receive points in the initial evaluation of their response to any Request for Proposal based on meeting the established goal for SLBE participation. Additional points are awarded if the prime contractor is also a certified SLBE, the number of points based on whether or not the SLBE is located within Clayton County or in one of the five contiguous counties mentioned above. Utilization of SLBEs is also part of the evaluation of a response to Invitations to Bid.

For either SLBE certification, the following qualifying definition shall apply: A Small Business shall mean a locally based business concern whose average annual gross receipts or number of employees averaged over the past three years must not exceed the size standards as defined pursuant to 13 C.F.R. §121.201 et al., who demonstrates that individual owner's personal net worth does not exceed \$750,000.00, exclusive of the individual's ownership interest in their primary residence and the value of the SLBE. Applicants must also provide information on the race, gender and ethnicity of the company's owners.

Following is the SLBE certification affidavit, which serves as an application for certification. All questions on the affidavit must be answered completely and ALL requested documentation must accompany the affidavit. Failure to complete portions or provide the required documentation may result in the return of your unprocessed application and the denial of certification for your business. The information on the affidavit must be true and accurate to the best of the applicant's knowledge. The Contract Compliance Division will keep all submitted documents and information confidential to the extent allowable by law.

Please note that if you are currently certified as a small business by the Small Business Administration, GDOT or DeKalb County, you will be provisionally certified by Clayton County, pending completion of Clayton County's certification application.

Certification does not guarantee any present or future contracts with Clayton County. All registered vendors must take the necessary steps to become a part of the County's procurement system and bid competitively for business. Please contact our office or visit our website to register as a vendor with the County.

Submit the completed affidavit and documents to the Contract Compliance Division, Clayton County Central Services, 7994 North McDonough Street, Jonesboro, Georgia 30236. Direct all questions to the Contract Compliance Division at (770) 477-3587 or visit our website: <http://www.claytoncountygga.gov/bidsandproposals/>

Contract Compliance Division
Clayton County Central Services Division

PLEASE REVIEW BEFORE COMPLETING APPLICATION

MINIMUM REQUIREMENTS FOR SLBE CERTIFICATION

(Please Note: This list is not exhaustive, but contains a few of the minimum, not all, requirements for certification. Please make sure you meet the minimum requirements before completing the application for certification.)

- **LOCATED AND OPERATING** IN CLAYTON COUNTY (FOR LOCALLY BASED INSIDE CLAYTON DESIGNATION) OR DEKALB, FAYETTE, FULTON, HENRY OR SPALDING (FOR LOCALLY BASED OUTSIDE CLAYTON DESIGNATION) **FOR ONE YEAR PRIOR** TO SUBMITTING CERTIFICATION APPLICATION.
- **VALID BUSINESS LICENSE** FROM CLAYTON COUNTY OR LOCAL GOVERNMENT WITHIN DEKALB, FAYETTE, FULTON, HENRY OR SPALDING COUNTY **FOR AT LEAST ONE YEAR PRIOR** TO SUBMITTING APPLICATION FOR CERTIFICATION.
- INDEPENDENTLY OWNED AND OPERATED BUSINESS CONCERN WHOSE **AVERAGE ANNUAL GROSS RECEIPTS** FOR THE PREVIOUS THREE YEARS DOES NOT EXCEED CURRENT SBA STANDARDS
- THE **PERSONAL NET WORTH** OF THE INDIVIDUAL OWNERS OF SUCH BUSINESS CONCERN **DOES NOT EXCEED \$750,000.00**, EXCLUDING THE INDIVIDUAL'S OWNERSHIP INTEREST IN THEIR PRIMARY RESIDENCE.
- APPLICANT FIRM MUST BE **51% OWNED** BY ONE OR MORE OF THE APPLICANT INDIVIDUALS IDENTIFIED AND THE OWNERSHIP MUST HAVE BEEN IN EXISTENCE FOR ONE YEAR OR MORE; THE APPLICANT INDIVIDUAL MUST HAVE MAINTAINED SUCH 51% OWNERSHIP FOR AT LEAST ONE YEAR;
- APPLICANT FIRM OWNER MUST BE A **CITIZEN OR LAWFULLY ADMITTED PERMANENT RESIDENT** OF THE UNITED STATES AND BE COMPLIANT WITH THE RESIDENCY REQUIREMENTS OF THE SLBE PROGRAM.
- FIRM MUST BE ABLE TO PROVIDE PROOF OF LOCATION OF OFFICE SPACE, PLANT, WAREHOUSE OR OTHER PHYSICAL BUSINESS FACILITY (UTILITY BILL, LEASE AGREEMENT, ETC.)



**CONTRACT COMPLIANCE DIVISION
 CLAYTON COUNTY CENTRAL SERVICES
 7994 NORTH MCDONOUGH STREET
 JONESBORO, GEORGIA 30236
 (770) 477-3587 Phone (770) 477-3335 Fax**

**SMALL LOCAL BUSINESS ENTERPRISE
 CERTIFICATION AFFIDAVIT
 (THIS IS NOT A DBE PROGRAM)**

ALL QUESTIONS MUST BE ANSWERED IN FULL

 FIRM NAME

 Name of Owner U.S Citizen Lawfully Admitted Permanent Resident

Race/Ethnicity/Gender of Owner: African American Asian American Hispanic American Native American
 Caucasian Female

 Principal Place of Business Street City County State Zip Code

 Mailing Address Street City County State Zip Code

 Telephone Number

 Fax Number

 Web Site

 Email Address

Current certified as small business? Yes No
 If yes, list entity and include copy of certification _____

 Clayton County Vendor ID # (if applicable)

TYPE OF OWNERSHIP:

- Sole Proprietorship
- Partnership
- Limited Liability Partnership
- Corporation
- Limited Liability Company
- Joint Venture

APPLYING FOR SMALL LOCAL BUSINESS ENTERPRISE:

- Locally based inside Clayton County
 Clayton County Business Tax ID # _____
- Locally based outside Clayton County but
 within Dekalb, Fayette, Fulton, Henry or Spalding
 County: _____
 Specify county and business license #

*** ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF CLAYTON COUNTY.**

TYPE OF BUSINESS: Construction Service Manufacturer Supplier/ Non- Manufacturer
Description of Business: *(This is how your business will be categorized and listed on our certified SLBE vendor list.)* _____

5 Digit NIGP Code: _____ NIGP Code Description: _____

GENERAL INFORMATION

1. (a) Date business started and location: _____
 (b) Percentage of ownership held by applicant owner in applicant firm: _____
 (c) Length of time ownership held in applicant firm: _____
 (d) Applicant Firm owner’s net worth as of date of application *(including a spouse or adult child’s net worth but excluding the individual’s ownership interest in their primary residence)*: \$_____.

(e) Applicant Firm’s Annual Gross Receipts for previous three years: **(DO NOT LEAVE BLANK- INCLUDE FIRM TAX RETURNS FOR PAST 3 YEARS)**

Year	Annual Gross Receipts

2. (a) Are you currently bidding on a contract for Clayton County? Yes No
 If yes, indicate name of bid, RFP or invitation number. _____
- (b) If you are not currently bidding on a contract with Clayton County, is this certification required for any other entity? Yes No If yes, please indicate entity: _____
3. Do you have relatives or family members employed with Clayton County? Yes No
 If yes, do they work with or have an interest in your business? Please explain:

PLEASE COMPLETE THE SECTION BELOW THAT APPLIES TO YOUR BUSINESS

A. SOLE PROPRIETORSHIP

Does the owner report as his/her personal income for State and Federal income tax purposes, the funds from such business? Yes No

Federal Employer ID Number (FEIN) _____

B. PARTNERSHIP

Is fifty-one percent (51%) of the applicant firm owned by one or more of the applicant owners identified?
 Yes No

Do the owners report as their personal income for State and Federal income tax purposes more than fifty percent (50%) of the income of the partnership? Yes No

Name (s) of Partners:

Name	Address	Percentage of Ownership	Ownership Title	Social Security Number

Date organized as a partnership _____, in the State of _____.
(Month, day, year)

Date of initial operation _____, in the State of _____.
(Month, day, year)

C. CORPORATION and/or LIMITED LIABILITY COMPANY /PARTNERSHIP

Is this business organized as a corporation in which a majority of the stock is owned by the applicant owner?
 Yes No

If the above answer is yes, does the owner report as his/ her personal income for State and Federal income tax purposes more than fifty percent (50%) of the distributed earnings of the corporation? Yes No

Date Incorporated _____, in the State of _____. Tax/FEIN No. _____

Total common shares issued as of date of this application:

Common: _____ Preferred: _____ Other: _____

OFFICERS AND BOARD OF DIRECTORS

Enter ALL corporate officers, Board of Directors, and Shareholders- including Officers and Directors who do not own stock in the business. List all titles for individuals/ entities holding multiple titles.

Name	Title	% Ownership

Name of Owners/ Principals who own shares	Percentage, amount and type of shares owned	Social Security Number/ Tax Payer ID (FEIN)

A MANDATORY LIST OF DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION IS ATTACHED AS EXHIBIT "A".

THE FAILURE TO SUBMIT ALL OF THE REQUESTED INFORMATION MAY RESULT IN A DENIAL OF CERTIFICATION.

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED ON FOLLOWING PAGE

I, _____, a major stockholder, owner or officer do hereby solemnly swear or affirm that this business is at least fifty- one percent (51%) owned by the applicant individual(s) identified, that the ownership has been in existence for one year or more, and that the applicant firm's average annual gross receipts or number of employees do not exceed the size standards as defined pursuant to 13 C.F.R. §121.201 et seq. Further, that the individual owner(s) of the applicant firm do(e)s not possess a personal net worth that exceeds \$750,000, including a spouse or adult child's net worth but excluding the individual's ownership in their primary residence. I have read and certify that the above and foregoing information is full, true and correct statement of the facts. I also agree to make available an inspection to the Clayton County Contract Compliance Division any such material which may be required to substantiate the ownership and control of this firm. I also agree to arrange for on-site inspections of this firm's facilities in order to verify information provided in this document. I understand certification as a Small Local Business Enterprise does not guarantee any present or future contracts with Clayton County. All registered vendors must take the necessary steps to become a part of the County's procurement system and bid competitively for business.

Signature: _____
(Owner)

Date: _____

Name: _____
(Print)

Title: _____
(Print)

Sworn to and subscribed before me

This ____ day of _____, 20__.

Notary Public

My Commission Expires: _____

**APPENDIX A
CONFIDENTIAL**

PERSONAL FINANCIAL STATEMENT

As of (date): _____

(Both pages must be completed by each applicant owner. - This form may be copied)

Name		Business Phone	
Residence Address		Residence Phone	
City, State & Zip Code			
Name of Applicant Firm			
ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on Hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 1)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment account (Auto)	\$ _____
Accounts and Notes Receivables	\$ _____	Installment Account (Other)	\$ _____
Life Insurance- Cash Surrender Value Only. (Complete Section 7)	\$ _____	Loan on Life Insurance	
Stocks and Bonds (Describe in Section 2)	\$ _____	Mortgages on Real Estate (Describe in Section 3)	\$ _____
Real Estate (Describe in Section 3)	\$ _____	Unpaid Taxes (Describe in Section 5)	\$ _____
Automobile(s)- Present Value	\$ _____	Other Liabilities (Describe in Section 6)	\$ _____
Other Personal Property (Describe in Section 4)	\$ _____		
Other Assets (Describe in Section 4)	\$ _____	Total Liabilities	\$ _____
Total Assets	\$ _____	Net Worth (Total Assets minus Total Liabilities) (DO NOT LEAVE BLANK)	\$ _____
Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co- Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provisions for Federal Income	\$ _____
Other Income	\$ _____	Other Special Debt	\$ _____
Section 1. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)			

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency monthly etc.	How Secured or Endorsed Type Collateral

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

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

Section 3. Real Estate Owned (List each parcel separately. Use attachments 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 and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/ Year			
Status of Mortgage			

Section 4. 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. If delinquent, describe delinquency.)

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Section 5. 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 6. Other Liabilities (Describe in detail.)

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Section 7. Life Insurance Held (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries.)

I authorize the Central Services Division, Contract Compliance Division, to verify the accuracy of the statements made in order to determine whether I meet the standards for certification as a SLBE. These statements are true and correct to the best of my knowledge.

Printed/ Typed name:	Signature and Date:

Appendix "A"

**APPENDIX
"B"**

**Small Local Business Enterprise
(SLBE) CERTIFICATION CHECKLIST
(Minimum Documents Required for All Applicants for
Certification)**

The Small Local Business Enterprise (SL BE) Disclosure Affidavit must be **signed** and **notarized**. In addition, the following supporting documentation relevant to your legal business enterprise must be submitted to the Contract Compliance Division. Failure to submit all required documentation may result in the return of your unprocessed affidavit and/or the denial of certification. **Certification packages must be neat and legible and returned in the order listed below.**

The documentation required depends on the legal status of the business: Sole Proprietorship (SP); Partnership (P); Corporation (C); Limited Liability Company (LLC); or Limited Liability Partnership (LLP). Check the "**Included**" box to indicate you have provided the document or note **N/A**. "**N/A**" responses must be accompanied by a description of the item and an explanation as to why the documents were not submitted.

All documents must be returned in the order listed

Required Documents for All Applicants	SP	P	C	LLC	LLP	Included (✓)
Bank signature card (showing date account opened and title of all signers, ex: Treas., etc.)	X	X	X	X	X	
1.) Birth certificate and a Picture I.D.; or 2.) Passport	X	X	X	X	X	
Copy of current business license which shows the company is located in one of the following counties: <i>Clayton, DeKalb, Fayette, Fulton, Henry, or Spalding</i> . You must have a business license for one year prior to submission of your application	X	X	X	X	X	
Resumes of principals and key management personnel showing education, training, employment and dates (include shareholders who own 5% or more shares and all officers of corporation.)	X	X	X	X	X	
Copy of lease, rental or management agreement for business premises, <i>including local business phone number</i>	X	X	X	X	X	
Organizational chart (include all current and anticipated positions)	X	X	X	X	X	
Signed Federal Corporate or Business Tax Returns for the past three (3) years including all schedules	X	X	X	X	X	
Current personal financial statement (attached)	X	X	X	X	X	
Proof of capital contribution. Indicate the manner in which ownership of the firm was obtained. Documents may include: cancelled checks, owner's first bank statement (this must show the date the business started, etc.)	X	X	X	X	X	
Fictitious Business Name Statement establishing a D/B/A (if applicable)	X	X	X	X	X	
Proof of bonding capacity (if applicable)	X	X	X	X	X	
Vehicle registration for all company owned vehicles (if applicable)	X	X	X	X	X	
Copies of all certification and denial of certification letters (if applicable)	X	X	X	X	X	
Business cards, stationery and brochures	X	X	X	X	X	
Equipment owned or available (include description of equipment, year acquired, and current value)	X	X	X	X	X	
Property purchase, rental or lease agreements (complete copy) for each facility owned, rented or leased. Also include one recent cancelled check for each facility rented/leased.	X	X	X	X	X	
Owners Federal Tax return including W-2 or 1099 form for the past three (3) years	X	X	X	X	X	
Third-party agreements (such as equipment rental or purchase agreement, lease agreement, management service agreements) &/ or franchise agreements	X	X	X	X	X	
Applicable contractors, professional license(s) and/or permit(s)	X	X	X	X	X	

**Small Local Business Enterprise (SLBE)
CERTIFICATION CHECKLIST FOR
BUSINESS STRUCTURE**

In addition to the general documents requested on the previous page, please provide the following information for your particular form of business: Sole Proprietorship (SP); Partnership (P); Corporation (C); Limited Liability Company (LLC); or Limited Liability Partnership (LLP).

Requirements for Corporation	SP	P	C	LLC	LLP	Included (✓)
Along with Federal Tax Returns include for the past 3 years: (a) Form 1040 in full for all corporate officers; (b) Form 1120 or 1120S in full , including all schedules for all companies owned in whole or part by all corporate officers.			X			
Certificate of Incorporation with Articles of Incorporation, including Amendments			X			
Corporate By- Laws			X			
Minutes of the following meetings: (a) Organizational meetings; (b) Shareholder meetings for the past 24 months; (c) Board of Directors meetings for the past 24 months			X			
Copies of <u>all</u> stock certificates issued to date (include front & back sides of any canceled or replaced certificates. (Do not include specimen copies))			X			
Stock ledger			X			
Agreements related to (a) Stock options, (b) Stockholder voting rights, (c) Ownership agreements, (d) Ownership of voting securities, (e) Stockholder agreements, (f) Facts pertaining to the value of shares, (g) Restrictions on the disposal stock loan agreements			X			

Requirements for Partnership	SP	P	C	LLC	LLP	Included (✓)
Along with Federal Tax Returns include: (a) Form 1040 in full (including Schedules B and C for the past three (3) years; (b) Form 1065 in full (including Schedules K and K-1 for the past three (3) years)		X				
Employers Quarterly contribution Reports and/or Employers Quarterly Federal Tax Return Form 941 for the past four quarters		X				
Partnership Agreement, including the following major causes (a) Buy-out rights, (b) Profit sharing plan, (c) Capital contribution agreement		X				

Sole Proprietor Requirements	SP	P	C	LLC	LLP	Included (✓)
Along with Federal Tax Returns include: Form 1040 in full (including all schedules for the past three (3) years)	X					
Employers Quarterly contribution Reports and/or Employers Quarterly Federal Tax Return Form 941 for the past four quarters	X					

Requirements for Limited Liability Partners/ Corporation & Joint Ventures	SP	P	C	LLC	LLP	Included (✓)
Along with Federal Tax Returns include: Form 1065/1120 or 1120S in full (including all schedules) for each joint venture partner for the past three (3) years				X	X	
Limited Liability Articles of Organization, including amendments and/or documents issued by the Secretary of State				X	X	
Copy of Operating Agreement				X	X	