



Success through Business Certifications

By **START SMART**
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**NEW ORLEANS REGIONAL TRANSIT AUTHORITY
SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION APPLICATION PACKAGE**

SBE Application • Personal Net Worth Form • RTA Vendor Application

SMALL BUSINESS ENTERPRISE PROGRAM
49 CFR Part 26

CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

Should you apply?

- 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)?
- Is the economically disadvantaged owner a U.S. citizen or lawfully permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA) size standard and does not exceed \$17.42 million gross receipts?
- 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 Program.

Is there an easier way to apply?

If you are currently certified as a Disadvantaged Business Enterprise (DBE) 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 documents listed in the Documents Checklist at the end of this form with your completed application.

Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableof size.html> (provides a listing of SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE Program)

Under Sec. 26.107 of 49 CFR, 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>	DBE	Name of Certifying agency:
	Yes ___ No ___	Has your firm's state UCP conducted an on-site visit: Yes, on ___/___/___ State: _____ No ___
	8(a)	
	Yes ___ No ___	
	SDB	
	Yes ___ No ___	

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?

Yes, on ___/___/___ No ___

If Yes, identify and name 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:			
(8) Street Address of Firm (no P.O. Box)		City	County/Parish	State	Zip
(9) Mailing Address of Firm <i>(if different)</i>		City	County/Parish	State	Zip

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): ___ Started New Business ___ Bought Existing Business ___ Inherited Business ___ Secured Concession ___ Merger or Consolidation ___ Other (explain) _____	
(6) Is your firm "for profit"? ___ Yes ___ No	STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.
(7) Type of Firm (check all that apply): ___ Sole Proprietorship ___ Partnership ___ Corporation ___ Limited Liability Partnership ___ Limited Liability Corporation ___ Joint Venture ___ Other, Describe: _____	
(8) Has your firm ever existed under different ownership, a different type of ownership or a different name? ___ Yes ___ 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? ___ Yes ___ No 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? ___ Yes ___ No
	(b) Consisted of a partnership in which one or more of the partners are other firms? ___ Yes ___ No
	(c) Owned any percentage of any other firm? ___ Yes ___ No
	(d) Had any subsidiaries? ___ Yes ___ No
(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? ___ Yes ___ No	

(4) If you answered "Yes" to any of the questions in(2) (a) – (d) and/or (3), identify the following for each (*attach extra 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 extra 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, providing the information requested below (*if more than one owner, attach separate sheets for each additional owner*) :

A. Background Information

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

B. Ownership Interest

(1) Number of Years as owner:	(2) Percentage Owned:
(3) Initial Investment to acquire ownership interest in firm to include type and amount (<i>Check all that apply</i>): Cash \$ _____ Real Estate \$ _____ Equipment \$ _____ Other \$ _____	
(4) Familial relationship to other owners:	
(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? ___ Yes ___ No If Yes, identify: Name of Business: _____ Function/Title _____	
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? ___ 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? <i>(Use and attach the Personal Financial Statement form at the end of this application: attach additional sheets if more than one owner is applying)</i>
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain <i>(attach additional sheets if needed)</i> ;

Section 4: CONTROL

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

	Name	Title	Date Appointed
(1) Officers of the company	(a)		
	(b)		
	(c)		
	(d)		
	(e)		
(2) Board of Directors	(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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify for each person: Name: _____ Title: _____ Business: _____ Function: _____
(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 <i>(e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: 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		
(2) Estimating and bidding		
(3) Negotiating and Contract Execution		
(4) Hiring & Firing Management Personnel		
(5) Field /Production Operations		
(6) Office Management		

(7) Marketing/Sales		
(8) Purchasing Major Equipment		
(9) Authorized to Sign Company Checks		
(10) Authorized to Make Financial Transactions		
(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business ___ Yea ___ No If Yes, identify for each person: Name: _____ Title: _____ Business: _____ Function: _____		
(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: 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

Street Address	Owned or Leased	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	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:

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) Address of Agent/Broker _____ City: _____ State: _____ Zip: _____ (d) Phone No: () _____ (e) Bonding Limit: Aggregate \$ _____ Project \$ _____					

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 or 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.			

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.					

SBE AFFIDAVIT OF CERTIFICATION

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 _____ (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.

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 _____

Commission Expires _____

INSTRUCTIONS TO COMPLETE PERSONAL NET WORTH STATEMENT

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 any 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 Section 3, 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.

Adjusted Net Worth Worksheet

Net Worth (from page 1).....	\$ _____
Less: ownership interest in applicant firm.....	(\$ _____)
equity in primary residence.....	(\$ _____)
Adjusted Net Worth Total.....	\$ _____

¹¹ Be sure to sign, and date at the end of the statement. Please have statement notarized. If you have any questions or would like assistance in completing this form, please contact our office the Louisiana Department of Transportation, Compliance Programs Office, (225) 379-1382.



PERSONAL FINANCIAL STATEMENT

S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

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/Borrower

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks 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

Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____

Contingent Liabilities

As Endorser or Co-Maker	\$ _____
Legal Claims & Judgments	\$ _____
Provision for Federal Income Tax	\$ _____
Other Special Debt	\$ _____

Description of Other Income in Section 1.

*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 to Banks and Others. (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).

Number 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 the Louisiana DOTD to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program at the Louisiana DOTD. I certify that to the best of my knowledge the information provided is true, accurate, and complete.

Signature _____ Title _____

Social Security Number _____

Date _____ State of _____

Parish/County of: _____

On this _____ day of _____, 20____, before me appeared _____ to me personally known, and who, being duly sworn, I execute the foregoing document and did so as his or her free act and deed.

NOTARY PUBLIC _____

COMMISSION EXPIRES _____

SEAL (if required)

VENDOR INFORMATION FORM

NEW ORLEANS REGIONAL TRANSIT AUTHORITY

Date: _____

Instructions: A fully completed Vendor Information Form is required to be put on the vendors mailing list, which will enable you to be notified of Solicitations for goods or services you may be able to provide to RTA. Please return this completed form to Regional Transit Authority (RTA), Procurement Department, 2817 Canal Street, New Orleans, LA 70119.

1. BUSINESS INFORMATION

Company Name: _____ Dept./Div.: _____

Address: _____

City: _____ State: _____ ZIP: _____

Principal: (Mr./Ms.) _____ Title: _____

Phone Number: () _____ Fax Number: () _____

Email Address: _____

2. TYPE OF BUSINESS: Services, equipment, and supplies you wish to provide to RTA.

NAICS _____

In order to insure that your firm is properly classified, please provide the appropriate North American Industrial Classification System (NAICS)

3. ATTACH LINE CARD OR PROVIDE DESCRIPTION OF BUSINESS

4. DISADVANTAGED BUSINESS INFORMATION

Minority Codes () Women-Owned Business Enterprise (WBE)
() Disadvantaged Business Enterprise (DBE)
() None of the above

Minority Status () African American/Black
() Hispanic American
() Asian American
() Native American
() Anglo/Caucasian
() Other: _____

Are you certified by RTA ____Y ____N By others (describe):

If you were not RTA certified, would you like to apply? ____Y ____N