

## 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) 673-5009

**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?
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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:

<u>Customer</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. List information for three major suppliers:

<u>Supplier</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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](http://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:	<b>Copy of Current Business/Occupational License &amp; W-9 Forms are Required.</b> 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](http://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.**