



## Small Local Business Enterprise (SLBE) Program Application

**Dear Prospective SLBE Vendor:**

Thank you for your interest in becoming certified with Clayton County Water Authority as a **Small Local Business Enterprise (SLBE)**.

Clayton County Water Authority has two types of SLBE Certifications: (1) Locally Based Inside of Clayton County [**SLBE-Local**]; and (2) Locally Based Outside of Clayton County but within the ten (10) counties [**Counties**] that includes **Cherokee, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, Rockdale and Spalding Counties [SLBE-Non-Local]**. The applicant firm must be located and operate in Clayton County or the aforementioned 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 aforementioned Counties for at least one year prior to submitting an application for SLBE certification.

The program provides for certified SLBEs located within the 11 counties and prime contractors utilizing them to receive a bid discounts and preference points assigned on a procurement by procurement basis.

For all SLBE certifications, the following qualifying definition shall apply: **Small Local Business Enterprise (SLBE) means a small business concern whose average annual gross receipts or number of employees for the previous three years must not exceed: (1) Construction Firms- \$18,250,000.00, (2) Professional Services Firms - \$5,500,000.00, (3) Architectural Firms - \$3,750,000.00, (4) Engineering Firms - \$7,500,000.00, or (5) Goods & Services - less than 250 employees.**

We have enclosed the SLBE certification application. All questions on the application must be answered completely and all requested documentation must accompany the application. 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 application must be true and accurate to the best of the applicant’s knowledge. The Clayton County Water Authority will keep all submitted documents and information confidential to the extent allowable by law.

**Certification does not guarantee any present or future contracts with Clayton County Water Authority.** All registered vendors must take the necessary steps to bid or propose competitively for business. Please contact our office or visit our website to register as a vendor with the Authority.

**Submit the completed application and documents to the Clayton County Water Authority, Attn: Contracts, Compliance and Risk Management Section, 1600 Battle Creek Road, 3rd Floor, Morrow, Georgia 30260. Direct all questions to the Procurement Compliance Coordinator at (770) 960-5880 or visit our website at [www.ccwa.us](http://www.ccwa.us) for more information.**

A handwritten signature in blue ink, appearing to read 'H. Bernard Franks', is written over a light blue horizontal line.

H. Bernard Franks  
General Manager

# PLEASE REVIEW BEFORE COMPLETING APPLICATION

## MINIMUM REQUIREMENTS FOR SLBE CERTIFICATION

*(Please Note: This list is not exhaustive. It contains a few of the minimum, but 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 OR ONE OF THE SLBE COUNTIES AS DEFINED BY THE AUTHORITY **FOR ONE YEAR PRIOR** TO SUBMITTING THE APPLICATION FOR CERTIFICATION.
- **IN POSSESSION OF A VALID BUSINESS LICENSE** FROM CLAYTON COUNTY OR LOCAL GOVERNMENT WITHIN ONE OF THE SLBE COUNTIES AS DEFINED BY THE AUTHORITY **FOR AT LEAST ONE YEAR PRIOR** TO SUBMITTING THE APPLICATION FOR CERTIFICATION.
- INDEPENDENTLY OWNED AND OPERATED BUSINESS CONCERN WHOSE **AVERAGE ANNUAL GROSS RECEIPTS OR NUMBER OF EMPLOYEES** FOR THE PREVIOUS THREE YEARS DOES NOT EXCEED:
  - **CONSTRUCTION FIRMS - \$18,250,000.00**
  - **PROFESSIONAL SERVICE FIRMS - \$5,500,000.00**
  - **ARCHITECTURAL FIRMS - \$3,750,000.00**
  - **ENGINEERING FIRMS - \$7,500,000.00**
  - **GOODS AND SERVICES - 250 EMPLOYEES OR LESS**
- APPLICANT FIRM MUST BE **51% OWNED** BY ONE OR MORE OF THE INDIVIDUALS SUBMITTING THE APPLICATION, WHICH OWNER(S) ARE FURTHER IDENTIFIED AS “APPLICANT FIRM OWNER(S),” AND THE OWNERSHIP MUST HAVE BEEN IN EXISTENCE FOR ONE YEAR OR MORE; THE APPLICANT FIRM OWNER(S) MUST HAVE MAINTAINED SUCH 51% OWNERSHIP FOR AT LEAST ONE YEAR;
- APPLICANT FIRM OWNER(S) MUST BE A **CITIZEN OR LAWFULLY ADMITTED PERMANENT RESIDENT** OF THE UNITED STATES AND BE COMPLIANT WITH THE RESIDENCY REQUIREMENTS OF THE SLBE PROGRAM AS DEFINED BELOW.



**SMALL LOCAL BUSINESS ENTERPRISE PROGRAM**  
**CLAYTON COUNTY WATER AUTHORITY**  
**CONTRACTS, COMPLIANCE AND RISK MANAGEMENT SECTION**  
 1600 BATTLE CREEK ROAD  
 MORROW, GEORGIA 30260  
 Phone: (770) 960-5880  
 Email: [ccwa\\_slbe\\_program@ccwa.us](mailto:ccwa_slbe_program@ccwa.us) Web Site: [www.ccwa.us](http://www.ccwa.us)

**SMALL LOCAL BUSINESS ENTERPRISE  
 GENERAL APPLICATION**

Revised: 08/01/17

**(THIS IS NOT A DBE PROGRAM)**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

Applicant Firm \_\_\_\_\_

Name of Owner \_\_\_\_\_ U.S. Citizen  Lawfully Admitted Permanent Resident

Street Address of Business \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Web Site \_\_\_\_\_ Email Address \_\_\_\_\_

**TYPE OF OWNERSHIP:**

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

**APPLYING FOR SMALL BUSINESS ENTERPRISE:**

- Locally based inside Clayton County  
 Clayton County Business Tax ID #: \_\_\_\_\_
- Locally based outside Clayton County but within the  
 SLBE AREA, as defined by the Authority County:  
 \_\_\_\_\_

**TYPE OF BUSINESS:**

- Construction
- Professional Services - Engineering
- Goods & Services – Manufacturer
- Professional Services / Non-Engineering or Architectural
- Professional Services - Architectural
- Goods & Services / Non-Manufacturer

**Description of Business:** *(This is how your business will be categorized and listed on our certified vendor report.)*

5 Digit NIGP Code \_\_\_\_\_ NIGP Code Description \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

(Applicant Firm: \_\_\_\_\_)

**GENERAL INFORMATION**

- 1. (a) Date business started and location: \_\_\_\_\_
- (b) Percent of ownership held by Applicant Firm Owner(s): \_\_\_\_\_
- (c) Length of time ownership held in Applicant Firm: \_\_\_\_\_
- (d) Applicant Firm's Annual Gross Receipts for previous three years: **(DO NOT LEAVE BLANK)**

Year	Annual Gross Receipts

- (e) Number of employees: \_\_\_\_\_
- 2. Are you currently bidding on a contract for Clayton County Water Authority?  Yes  No  
If yes, indicate name of RFB, RFP or invitation number. \_\_\_\_\_
- 3. Do you have relatives or family employed with Clayton County Water Authority?  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 Firm Owner(s) 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 (month, day, year) organized as a partnership \_\_\_\_\_, in state of \_\_\_\_\_.  
Date (month, day, year) of initial operation \_\_\_\_\_, in state of \_\_\_\_\_.

(Applicant Firm: \_\_\_\_\_)

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 Firm Owner(s)?  Yes  No

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

Date (mm/dd/yyyy) Incorporated \_\_\_\_\_, in state of \_\_\_\_\_.

Federal Employer ID Number (FEIN) \_\_\_\_\_

Total commons shares issued as of date of this application:

Common: \_\_\_\_\_ Preferred: \_\_\_\_\_ Other: \_\_\_\_\_

**OFFICERS AND BOARD OF DIRECTORS**

Enter **ALL** corporate Officers, 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	Percentage of 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 **Appendix “B”**. **THE FAILURE TO SUBMIT ALL OF THE REQUESTED INFORMATION MAY RESULT IN A DENIAL OF CERTIFICATION.**

(Applicant Firm: \_\_\_\_\_)

**THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED BELOW**

I, \_\_\_\_\_, a majority stockholder, owner, or officer do hereby solemnly swear or affirm that this business is at least fifty-one percent (51%) owned by the Applicant Firm Owner(s) identified in and submitting the Application, that the ownership has been in existence for one year or more, and that the Applicant Firm's average annual gross receipts / number of employees do not exceed the following: **(1) Construction Firm - \$18,250,000.00; (2) Professional Services Firm - \$5,500,000.00; (3) Architectural Firm - \$3,750,000.00; (4) Engineering Firm - \$7,500,000.00; and (5) Goods and Services - 250 employees or less.** 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 for inspection to the Clayton County Water Authority 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 the Applicant 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 Water Authority. All registered vendors must take the necessary steps to bid or propose competitively for business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Printed) (Printed)

Sworn to and subscribed before me

Seal:

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(Applicant Firm: \_\_\_\_\_)

**ATTACHMENT "A"**

**O.C.G.A. § 50-36-1(e) (2) Affidavit**

By executing this affidavit under oath, as an applicant for a SLBE Certification, as referenced in O.C.G.A. § 50-36-1, from Clayton County Water Authority, I, the undersigned applicant, verify one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:  
\_\_\_\_\_.

I, the undersigned applicant, also hereby verifies that I am 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me

Seal:

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**COMPLETION OF THIS FORM IS MANDATORY.**

(Applicant Firm: \_\_\_\_\_)

### APPLICANT PROFILE SURVEY

How did you learn about this certification opportunity?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Job Fair      | <input type="checkbox"/> Radio                           | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> CCWA Internet Site              | <input type="checkbox"/> Vendor Fair / Trade Show |
| <input type="checkbox"/> Advertising   | <input type="checkbox"/> Social Media                    | <input type="checkbox"/> Newspaper                |
| <input type="checkbox"/> Email         | <input type="checkbox"/> CCWA How to Do Business Session |   |
| <input type="checkbox"/> Walk-In       | <input type="checkbox"/> Other Internet Site: _____      |   |

#### RACE

- White
- Black
- Hispanic
- Asian/Pacific Islander
- Native American Indian
- Alaskan Native
- Other: *(specify below)*  
\_\_\_\_\_

#### SEX

- Male
- Female

#### CERTIFICATION APPLIED FOR:

(Check which Applies)

**SLBE – LOCAL**

*Clayton*

**SLBE – NON-LOCAL**

*Cherokee, Cobb, DeKalb, Douglas,*

*Fayette, Fulton, Gwinnett, Henry,*

*Rockdale and Spalding*

#### Definitions:

**Local** – Within Clayton County

**Non-Local** – Within the counties of Cherokee, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale and Spalding

The personal identification information requested in the Applicant Profile Survey is voluntary and removed and handled separately from the other information on the application when your application is reviewed for certification eligibility.



(Applicant Firm: \_\_\_\_\_)

## APPENDIX "B" Small Local Business Enterprise (SLBE) CERTIFICATION CHECKLIST

### (Minimum Documents Required for All Applicants for Certification)

The Small Local Business Enterprise (SLBE) Disclosure Affidavit must be **signed** and **notarized**. In addition, the following supporting documentation relevant to your legal business enterprise must be submitted to the Clayton County Water Authority. 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. Failure to do so may delay the application process*

No.	Required Documents for All Applicants	SP	P	C	LLC	LLP	Included
1	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	
2	Either: (a) Birth certificate <b>AND</b> a Picture I.D. <b>OR</b> (b) Current Passport.	X	X	X	X	X	
3	<b>Signed</b> Federal Corporate Tax Returns filed by the firm and its affiliates for the past three (3) years <b>including all schedules and attachments</b> .	X	X	X	X	X	
4	<b>Signed Owners Personal Tax return including W-2 or 1099 form for the past three (3) years. Required ONLY if owner(s) file a Schedule C for business.</b>	X	X	X	X	X	
5	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	
6	Copy of lease, or a rental or management agreement for business premises, including local business phone number, a copy of your deed if the premises are owned, <b>or a notarized statement that the business is home based.</b>	X	X	X	X	X	
7	Property purchase, rental or lease agreements ( <b>complete copy</b> ) for each facility owned, rented or leased. Also include one recent cancelled check for each facility rented/leased.	X	X	X	X	X	
8	A list of equipment owned or available (include description of equipment, year acquired, and current value) and copies of lease or purchase agreement (if applicable)	X	X	X	X	X	
9	Vehicle registration for all company owned vehicles (if applicable).	X	X	X	X	X	
10	Copies of all certification and denial of certification letters (if applicable).	X	X	X	X	X	
11	Copy of <b>current</b> and <b>previous year's</b> business license which shows the company is located in one of the following counties: <b>Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, Rockdale or Spalding. You must have a business license for the year prior to submission of your application.</b>	X	X	X	X	X	
12	Applicable contractors, professional license(s) and/or permit(s).	X	X	X	X	X	
13	CCWA Supplier Registration Documentation.	X	X	X	X	X	
14	Organizational chart (include all current and anticipated positions).	X	X	X	X	X	
15	Business cards, stationery and brochures.	X	X	X	X	X	
16	Two (2) executed (i.e. signed by all parties) copies of past/ current contracts/ proposals or purchase order/invoice <b>in full</b> . This information must include name/ address/ contact person of other company, type of work performed or type of contract received and date work completed. <b>One copy must document work for the current year and the second copy must document the previous year's work. Submitted proposals and/or estimates can be provided in lieu of executed contracts IF the firm has not performed work previously.</b>	X	X	X	X	X	
17	Proof of bonding capacity (if applicable).	X	X	X	X	X	
18	Bank signature card (showing date account opened and title of all signers, ex: Pres., etc.).	X	X	X	X	X	

(Applicant Firm: \_\_\_\_\_)

**APPENDIX "B" (cont'd)**  
**Small Local Business Enterprise (SLBE)**  
**CERTIFICATION CHECKLIST**

**(Minimum Documents Required for All Applicants for Certification)**

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).

No.	Corporation	SP	P	C	LLC	LLP	Included
19	Official Articles of Incorporation from the Secretary of State			X			
20	Copies of <i>all</i> stock certificates issued to date (include front & back sides of any canceled or replaced certificates) <b>do not include specimen copies</b> and your firm's stock transfer ledger.			X			
21	Shareholders' Agreements or any 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			
22	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			
23	Corporate By-Laws.			X			
<b>Limited Liability Corporation (LLC)</b>							
24	Official Articles or Certificate of Organization from the Secretary of State				X		
25	Copies of <i>all</i> stock certificates issued to date (include front & back sides of any canceled or replaced certificates) <b>do not include specimen copies</b> and your firm's stock transfer ledger. ( <i>If applicable</i> )		X		X		
26	Partnership Agreement, including the following major causes (a) Buy-out rights, (b) Profit sharing plan, (c) Capital contribution agreement.		X		X		
27	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 ( <i>if applicable</i> ).				X		
28	Official Operating Agreement				X		
<b>Limited Liability Partnership or Joint Ventures</b>							
29	Original and any amended Partnership or Joint Venture Agreements				X	X	

END OF APPLICATION

**\* ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF CLAYTON COUNTY WATER AUTHORITY, HOWEVER; ALL TAX RETURNS WILL BE RETURNED TO THE OWNER(S).**