



**SMALL LOCAL BUSINESS ENTERPRISE PROGRAM
CLAYTON COUNTY WATER AUTHORITY
PURCHASING DEPARTMENT**
1600 BATTLE CREEK ROAD
MORROW, GEORGIA 30260
Phone: (770) 960-5880
Email: ccwa_slbe_program@ccwa.us Web Site: www.ccwa.us



GENERAL RECERTIFICATION APPLICATION

Purpose of this form: This form shall be used by applicant firms to apply for renewal of Small Local Business Enterprise General Certification with the Clayton County Water Authority (CCWA). Certification does not guarantee any present or future contracts with CCWA. All registered vendors must take the necessary steps to bid or propose competitively for business.

How to submit this form: This form must be completed in its entirety and submitted along with the supporting documents via email to ccwa_slbe_program@ccwa.us. Failure to submit required documentation may result in the return of unprocessed application and denial of certification.

A. APPLICANT FIRM INFORMATION

Business Name: _____
 Contact Person: _____
 Physical Address: _____
 Mailing Address: _____
 Email Address: _____ Phone Number: _____
 Website: _____

Business Ownership and Control:

President: _____ Vice President: _____
 Owner: _____ Owner : _____
 Owner: _____ Owner: _____

General Changes Questionnaire:

- Are there any changes in the primary field of operation of the firm? No Yes If Yes, please explain: _____

- Has the structure of the firm changed in the last two years? No Yes If Yes, please explain: _____

- Have there been any changes to the ownership or control of the firm? No Yes If Yes, please explain: _____

B. SLBE QUALIFIER & DESIGNATION INFORMATION

Type of Business: (Select One)

- Construction Firm
- Professional Service Firm
- Architectural Service Firm
- Engineering Service Firm
- Goods & Services Firm

Business Description:

5 Digit [NIGP Code](#)*

 NIGP Code Description

Business Location: (Select One)

- Clayton County
- Other CCWA SLBE Area
(Cherokee, Cobb, Dekalb, Douglas,
Fayette, Fulton, Gwinnett, Henry,
Rockdale, Spalding County)

*The NIGP Code is a universal taxonomy for identifying commodity and services in government procurement systems. Click on the hyperlink to identify the corresponding NIGP Code.

Have a question? Visit our website at <https://www.ccwa.us/smalllocal-business-program/> or scan the QR code above for more information.



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Firm Size:

How is applicant firm IRS tax reporting completed? Calendar Year Fiscal Year, provide Fiscal Year Period: _____

Year (Last three Years)	Annual Gross Receipts (\$) (Construction, Professional, Architectural, & Engineering Service Firms)	Number of Employees (Quantity) (Goods & Services Firms Only)

C. RECERTIFICATION CHECKLIST

No.	Required Supporting Documents	Included (Yes / No)
1	Business License for the current and prior year	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Financial Statements (Balance/Income) for the past year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Firm's corporate income tax return including all schedules for the current and prior year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Lease, rental, or management agreement for business premises, OR a copy of property deed if owned. For home-based businesses: A copy of deed OR rental agreement AND a notarized statement that the business is home based.	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. CERTIFICATION: (This application must be signed and notarized.)

The undersigned swears that the foregoing statements are true and correct and includes all the material information necessary to identify and explain the operations and the ownership of the firm. The undersigned further attests that the ownership and control of the firm seeking recertification rests with an eligible minority, local small business or women owner. Any misrepresentation will be grounds for terminating any contract which may have been awarded and/or for de-certification as an SLBE. Further, Clayton County Water Authority reserves the right to initiate such action as is available under Federal or State Law concerning false statements. The undersigned agrees to inform the Purchasing Department, of any significant change in the information submitted. Such changes would include the dissolution of the business, the sale of all or any part of the business to another party, changes in the day-to-day control of the firm, changes in the nature of work performed by the firm and other circumstances which could have a bearing on the eligibility of the firm to continue to meet the criteria for certification.

Applicant Firm Owner/Officer:

Printed Name: _____ Signature: _____
 Title: _____ Date: _____

Notary:

Sworn to and subscribed before me _____ Notary Seal: _____
 This _____ day of _____, 20_____
 Notary Public: _____
 Commission Expiration: _____