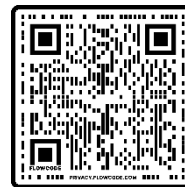




**SMALL LOCAL BUSINESS ENTERPRISE PROGRAM**  
**CLAYTON COUNTY WATER AUTHORITY**  
**PURCHASING DEPARTMENT**  
1600 BATTLE CREEK ROAD  
MORROW, GEORGIA 30260  
Phone: (770) 960-5880  
Email: [ccwa\\_slbe\\_program@ccwa.us](mailto:ccwa_slbe_program@ccwa.us) Web Site: [www.ccwa.us](http://www.ccwa.us)



## GENERAL CERTIFICATION APPLICATION

**Purpose of this form:** This form shall be used by applicant firms to apply for 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 certified 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](mailto: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: \_\_\_\_\_

Primary Owner: \_\_\_\_\_ Citizenship: ☐ U.S. Citizen ☐ Lawfully Permanent Resident

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Firm Start Date: \_\_\_\_\_ Business Original Location: \_\_\_\_\_

Applicant Firm Owner's Ownership Percentage: \_\_\_\_\_ Applicant Firm Owner's Ownership Tenure: \_\_\_\_\_

### B. SLBE QUALIFIER & DESIGNATION INFORMATION

Type of Business: (Select One)	Business Description:	Business Location: (Select One)	Type of Ownership: (Select One)
<input type="checkbox"/> Construction Firm	5 Digit <a href="#">NIGP Code</a> *	<input type="checkbox"/> Clayton County	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Professional Service Firm	_____	<input type="checkbox"/> Other CCWA SLBE Area	<input type="checkbox"/> Partnership
<input type="checkbox"/> Architectural Service Firm	_____	(Cherokee, Cobb, DeKalb,	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Engineering Service Firm	NIGP Code Description	Douglas, Fayette, Fulton,	<input type="checkbox"/> Corporation
<input type="checkbox"/> Goods & Services Firm	_____	Gwinnett, Henry, Rockdale,	<input type="checkbox"/> Limited Liability Company
		Spalding County)	

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)

### General Information:

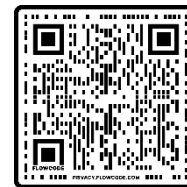
- How did you find out about our program? \_\_\_\_\_
- Is the applicant firm currently bidding on a contract for Clayton County Water Authority? ☐ No ☐ Yes If yes, indicate the name and number of the RFB / RFP \_\_\_\_\_
- Do the owner(s) have any relatives employed with the Clayton County Water Authority? ☐ No ☐ Yes If yes do they have an interest in your business? Explain \_\_\_\_\_

\*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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**C. BUSINESS STRUCTURE DETAILS** (Place a checkmark and complete the section below that applies to applicant's business.)

☐ **Sole Proprietorship**

1. Does the owner report their personal income, for State and Federal income tax purposes, the funds from such business? ☐ Yes ☐ No
2. Federal Employer ID Number (FEIN): \_\_\_\_\_

☐ **Partnership**

1. Is fifty-one percent (51%) of the Applicant Firm owned by one or more of the Applicant Firm Owner(s) identified? ☐ Yes ☐ No
2. 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
3. Date (mm/dd/yyyy) organized as a Partnership: \_\_\_\_\_, in state of \_\_\_\_\_.
4. Date (mm/dd/yyyy) of initial operation: \_\_\_\_\_, in state of \_\_\_\_\_.
5. Partnership Breakdown:

Name	Ownership Percentage	Ownership Title	Social Security Number

☐ **Corporation or Limited Liability Company/Partnership**

1. Is this business organized as a corporation in which a majority of the stock is owned by the Applicant Firm Owner(s)? ☐ Yes ☐ No
2. 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
3. Date (mm/dd/yyyy) Incorporated: \_\_\_\_\_, in state of \_\_\_\_\_.
4. Federal Employer ID Number (FEIN): \_\_\_\_\_
5. Total commons shares issued as of date of this application:  
Common: \_\_\_\_\_ Preferred: \_\_\_\_\_ Other: \_\_\_\_\_
6. Officers and Board of Directors:

Name	Title	Shareowner? (Y/N)	Ownership Percentage	Type of Shares Owned	FEIN Number



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**D. CERTIFICATION** (This application shall be signed and notarized.)

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 certified vendors must take the necessary steps to bid or propose competitively for business.

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: \_\_\_\_\_



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**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 verify that I am 18 years of age or older and have 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:

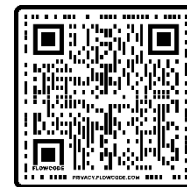
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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



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## APPENDIX "A"

### GENERAL CERTIFICATION CHECKLIST

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 an explanation of non-submission reason.

No.	Required Documents for All Applicants	SP	P	C	LLC	LLP	Included
1	Résumés of principals and key management personnel reflecting education, training, and employment. (Include shareholders who own 5% or more shares and all officers).	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
2	Either: (a) Birth certificate <b>AND</b> a Picture I.D. <b>OR</b> (b) Current Passport.	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
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	<input type="checkbox"/> Y <input type="checkbox"/> N
4	<b>Signed Owners Personal Tax return including W-2 or 1099 form for the past three (3) years. <i>Required ONLY if owner(s) file a Schedule C for business.</i></b>	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
5	Proof of Capital Contribution. Indicate the manner ownership of the firm was obtained. Documents may include: cancelled checks, owner's first bank statement.	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
6	Lease, Rental or Management Agreement for business premises, or Deed if the premises are owned, <b>or a notarized statement that the business is home based.</b>	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
7	Property purchase, rental, or lease agreements for each facility owned, rented or leased.	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
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	<input type="checkbox"/> Y <input type="checkbox"/> N
9	Vehicle registration for all company owned vehicles (if applicable).	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
10	Copies of all certification and denial of certification letters (if applicable).	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
11	<b>Current and previous year's</b> business license reflecting business location in one of the following counties: <b><i>Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, Rockdale or Spalding.</i></b>	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
12	Applicable professional license(s) and/or permit(s).	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
13	Organizational chart (include all current and anticipated positions).	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
14	Business cards, stationery and brochures.	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
15	Two (2) executed 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 for the previous year's work. <i>Submitted proposals can be provided in lieu of executed contracts IF the firm has not performed work previously.</i></b>	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
16	Proof of bonding capacity (if applicable).	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
17	Bank signature card (showing date account opened and title of all signers)	X	X	X	X	X	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Corporation</b>							
18	Official Articles of Incorporation from the Secretary of State			X			<input type="checkbox"/> Y <input type="checkbox"/> N
19	Copies of <i>all</i> stock certificates issued to date (include front & back sides of any canceled or replaced certificates) and your firm's stock transfer ledger. <b><i>(If applicable)</i></b>			X			<input type="checkbox"/> Y <input type="checkbox"/> N
20	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			<input type="checkbox"/> Y <input type="checkbox"/> N
21	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			<input type="checkbox"/> Y <input type="checkbox"/> N
22	Corporate By-Laws.			X			<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Limited Liability Corporation (LLC)</b>							
23	Official Articles or Certificate of Organization from the Secretary of State				X		<input type="checkbox"/> Y <input type="checkbox"/> N
24	Copies of <i>all</i> stock certificates issued to date (include front & back sides of any canceled or replaced certificates) and your firm's stock transfer ledger. <b><i>(If applicable)</i></b>		X		X		<input type="checkbox"/> Y <input type="checkbox"/> N
25	Partnership Agreement, including the following major causes (a) Buy-out rights, (b) Profit sharing plan, (c) Capital contribution agreement.		X		X		<input type="checkbox"/> Y <input type="checkbox"/> N
26	Meeting Minutes: (a) Organizational Meetings; (b) Shareholder Meetings for the past 24 months; (c) Board of Directors Meetings for the past 24 months <b><i>(if applicable)</i></b> .				X		<input type="checkbox"/> Y <input type="checkbox"/> N
27	Official Operating Agreement				X		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Limited Liability Partnership or Joint Ventures</b>							
28	Original and any amended Partnership or Joint Venture Agreements				X	X	<input type="checkbox"/> Y <input type="checkbox"/> N

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