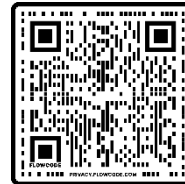**SMALL LOCAL BUSINESS ENTERPRISE PROGRAM**
CLAYTON COUNTY WATER AUTHORITY
PURCHASING DEPARTMENT
1600 BATTLE CREEK ROAD
MORROW, GEORGIA 30260
Phone: (770) 960-5880
Email: ccwa_slbe_program@ccwa.us Web Site: www.ccwa.us

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 competed 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:

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

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

3.   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)	Business Description:	Business Location: (Select One)
☐ Construction Firm	5 Digit NIGP Code*	☐ Clayton County
☐ Professional Service Firm		☐ Other CCWA SLBE Area
☐ Architectural Service Firm	_____	(Cherokee, Cobb, Dekalb, Douglas,
☐ Engineering Service Firm	NIGP Code Description	Fayette, Fulton, Gwinnett, Henry,
☐ Goods & Services Firm	_____	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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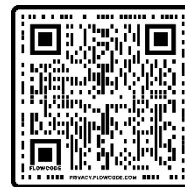
Firm Size:

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**	☐ Yes ☐ No
2	Financial Statements (Balance/Income) for the past year.	☐ Yes ☐ No
3	Firm's corporate income tax return including all schedules for the **current** and **prior year**.	☐ Yes ☐ 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.	☐ Yes ☐ 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: _____