C I T Y O F A T L A N T A

OFFICE OF CONTRACT COMPLIANCE
55 TRINITY AVENUE, SW, SUITE 1700
ATLANTA, GEORGIA, 30303
OFFICE (404) 330-6010
FAX (404) 658-7359

THE EQUAL BUSINESS OPPORTUNITY PROGRAM CERTIFICATION RE-CERTIFICATION AFFIDAVIT

Dear EBO Re-Certification Applicant:

It is the responsibility of Certified M/FBEs to submit a RE-CERTIFICATION AFFIDAVIT no later than two (2) months prior to the expiration date of your previous certification.

If you wish to be re-certified, please complete the attached EBO Re-Certification Affidavit. Your signature must be notarized on the last page of the affidavit and returned to the Office of Contract Compliance along with **a copy of your current business license and list of current projects and equipment. Also, please include a copy of your prior year tax return (business or personal, if no business return has been filed.) If you've not done so previously, please provide us with your City of Atlanta vendor number.** Be advised that other documents may be requested in order to complete the processing of your re-certification affidavit.

Please return your re-certification package to:

City of Atlanta
Mayor's Office of Contract Compliance
55 Trinity Avenue, SW
Suite 1700
Atlanta, GA 30303

If you have any questions, please contact the Office of Contract Compliance at (404) 330-6105.

Dear Prospective Minority, Female Business Enterprise Applicant:

This page is to help you properly identify NAICS Codes for your industry for EBO Certification.

Our list of NAICS Codes is located on our City of Atlanta website at www.atlantaga.gov. You may access this page by typing in this web address. From the home page, you should select the link on the left which reads **Mayor's Office.** Next, select the subcategory **Office and Agencies**, and then click on **Office of Contract Compliance**. The next page contains the NAICS codes.

Click the link and enter the description title, then click NAICS search tab. Choose the code number with your industry description title, then enter the appropriate code on your business category list.

If you have any questions, please contact the Office of Contract Compliance at (404) 330-6010.

Please list up to three (3) NAICS Codes below:

_____

_____

_____

DOCUMENTS TO BE SUBMITTED

Required Documents for All Applicants:

_____1. **Vendor Number***

_____2. Last two (2) years annual revenue

_____3. Copy of current Business License which shows that company is located in one of the following 20 counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton

_____4. Notarized application

_____5. List of current contracts

_____6. Copy of current office lease

***Applications will not be processed without this information**

EQUAL BUSINESS OPPORTUNITY (EBO)
RE-CERTIFICATION AFFIDAVIT

_____
Name of Business Enterprise

_____
Address

_____
City, County, State, Zip Code

_____
Principal Place of Business at time of Previous Certification

_____ _____
Tax ID# Email Address

Project Pending: _____yes _____no

Name of Project:_____

FC#_____ Bid Date_____

Controlling Owner's Ethnicity is:

_____African American Business Enterprise
_____Female Business Enterprise
_____Hispanic American Business Enterprise
_____Asian (Pacific Islander) American Business Enterprise

The Legal Form of Business is:

_____Corporation
_____Limited Partnership
_____Limited Liability Company
_____Partnership
_____Sole Proprietor

Select from the NAICS codes list included in this packet, up to three (3) specific areas under which your business should be listed in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY REGISTER:

_____
_____
_____

In an effort to become certified for participation in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY PROGRAM, affiant/applicant offers the following information as evidence of its qualifications:

1.

The name of the principal, owner, partner, or corporate officer or manager (in the case of an LLC) is:

_____

Title:_____Office #_____

Pager: (_____)_____ Mobile #: (_____)_____

Email Address:_____

Is the principal owner a citizen of the United States? _____Yes _____No

If NO, is the principal owner a lawful permanent resident of the United States?
_____Yes _____No

2.

The Mailing Address of the Enterprise:_____

City:_____County:_____State:_____Zip:_____

Principal Place of Business of the Enterprise:_____

City:_____County:_____State:_____Zip:_____

Telephone: (_____)_____Fax(____)_____

3.

List the first year and most recent year this enterprise was certified by the City of Atlanta:

First year_____Most recent period of certification_____EBO Cert.#_____

4.

Has this business enterprise been certified by other M/FBE Programs?
_____Yes _____No

If YES, attach documentation

5.

Has this business enterprise been denied certification by other M/FBE Programs?
_____Yes _____No

If YES, attach documentation

6.

Has there been any change in the ownership of this business enterprise since its most recent City of Atlanta EBO Certification? _____Yes _____No

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes._____

_____

_____

7.

Has there been any change in the management of this business enterprise since its most recent City of Atlanta EBO Certification? _____Yes _____No

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes._____

_____

_____

8.

Has there been any change in the type of business being conducted by the business enterprise since its most recent City of Atlanta EBO Certification? _____Yes _____No

If YES, list capabilities in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes._____

_____

_____

9.

The name(s) and capacity of those persons authorized to sign checks from the main (operating) checking account are as follows:

Name	**Capacity**	**Name of other Joint Signatories required**

The undersigned does hereby swear or affirm that the statements contained in this EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT and all attachments herein which have been provided in support of the foregoing application for certification are true, accurate, complete and includes all information necessary to identify and explain the ownership and operation of

_____

Name of Business Enterprise

Further, the undersigned does covenant and agree to provide the City of Atlanta's Office of Contract Compliance with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by the City of Atlanta. The undersigned further agrees that as part of this certification procedure, OCC may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to or withhold from the applicant enterprise certification as a Minority-owned Business Enterprise or a Female Business Enterprise. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s); audit(s); and/or examination(s) will be grounds for immediate rejection of this application for certification or re-certification. It is recognized and acknowledged that the statements contained in this application are being given under oath and that any material misrepresentation shall be construed and deemed to be subject to Section 17-11012 of the City of Atlanta's Criminal code of Ordinances in addition to being grounds for denial of certification or for de-certification and may result in the denial of an award or the termination of contract which may have been awarded as a result of the information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the OCC investigation. It is further understood that certification will be revoked if after proper investigation by OCC, the applicant is determined to be engaging in activities which circumvent the intent of the EBO Program.

PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO THE CITY

Pursuant to Atlanta City Code Section 106-90, it shall be unlawful for any person, knowingly and willfully and with intent thereby to mislead either on such person's own behalf or on behalf of others, as principal or agent, to make or file orally or in writing any false representations of fact to any department of City government. The City will impose applicable penalties and sanctions against any person making such false representation in connection with the City's Equal Business Opportunity Program. In addition, the City will seek all available remedies under Georgia and Federal statutes against any person who knowingly, willfully or fraudulently attempts to obtain certification as a minority or female business enterprise.

ATTESTATION: I CERTIFY THAT ALL REPRESENTATIONS IN THIS CONTRACT EMPLOYMENT REPORT ARE CORRECT AS OF THE DATE STATED. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT CERTIFICATION IS NORMALLY REVIEWED EVERY TWO YEARS, HOWEVER, THE OFFICE OF CONTRACT COMPLIANCE RETAINS THE RIGHT TO RE-EVALUATE THE CONTENTS OF THIS APPLICATION AT ANYTIME. THE UNDERSIGNED ALSO SWEARS OR AFFIRMS THAT THE COPIES OF THE RECORDS WHICH ARE ATTACHED HERETO AND IDENTIFIED WITH ALPHABETIZED TABS ARE TRUE AND CORRECT COPIES OF THE BUSINESS RECORDS AS MAINTAINED BY THE UNDERSIGNED ON BEHALF OF

_____

(Name of Enterprise)

The undersigned further acknowledges that certification is normally reviewed every two years; however, OCC retains the right to re-evaluate the contents of this application at any time.

Name of Person Signing: (Print)_____

Title of Person Signing: (Print)_____

Signature:_____
(Must match name of person signing)

_____
Notary Public (Must exhibit seal and stamp to be acceptable)

CITY OF ATLANTA
Contract Employment Report

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITIEM ON THIS FORM MUST BE COMPLETED.
INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME OF FIRM: _____ ***TELEPHONE NO.:*** _____

NAME OF OWNER: _____ ***FAX NO.:*** _____

MAILING ADDRESS: _____ ***CITY:*** _____

STATE: _____ ***COUNTY:*** _____ ***ZIP CODE:*** _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA?

_____

IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY?
_____

IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION.

HAS YOUR COMPANY PREVIOUSLY RECEIVED AN EEO CERTIFICTION FROM THE CITY OF ATLANTA?
_____

PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY

	Management/ Officials		**Professionals Arch, Engineers, etc**		**Supervisors**		**Office/Clerical/Sales**		**Craftsmen/ Laborers**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black										
White										
Asian American										
Hispanic American										
Other										
TOTAL										

I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.

_____	_____	_____	_____
DATE	**PRINT PREPARER'S NAME**	**PREPARER'S SIGNATURE**	**TITLE**