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

August 22, 2012

Greetings prospective City of Atlanta certified Minority/Female Business Enterprise applicant:

The first step in having your business certified with the City of Atlanta is to obtain a City of Atlanta vendor number. The procedure to obtain a vendor number is a free, automated process that can be accomplished on-line. To register with the City of Atlanta and receive a vendor number, please do the following:

1) Go to the City's website: www.atlantaga.gov
2) Click on the top tab named "BUSINESS"
3) Click on the link "Doing Business With Us"
4) Click as instructed at the 7th bullet point - "Prospective suppliers…" and follow instructions to register online.

You may contact Seana Nash at (404) 330-6203 should you require further clarification and/or instruction.

Very sincerely,

Hubert Owens

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THE EQUAL BUSINESS OPPORTUNITY PROGRAM CERTIFICATION AFFIDAVIT

SOLE PROPRIETOR

Dear Prospective Minority and/or Female Business Enterprise Applicant:

Thank you for your interest in becoming a certified participant in the City of Atlanta Equal Business Opportunity (EBO) Program as an African American Business Enterprise (AABE), a Female Business Enterprise (FBE), a Hispanic American Business Enterprise (HABE), or an Asian (Pacific Islander) American Business Enterprise (APABE).

ALL questions on the certification application must be answered completely and ALL requested documentation must accompany the application. Submit the completed application and documentation to the Office of Contract Compliance. Failure to complete portions of the application and provide the required documentation will delay the certification process or result in denial of certification.

The information on the application must be true and accurate to the best of the applicant's knowledge. The application must be signed and notarized. The information requested is for use by the Office of Contract Compliance only and will be kept confidential to the extent allowable by law.

Your business must be located within one of the following twenty county areas to be considered for certification in the City of Atlanta Equal Business Opportunity Program. The twenty county areas includes: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton counties.

If your company is denied certification, you have the right to appeal the decision. You may file a notice of Appeal with the Director of Contract Compliance in writing within seven (7) business days of receipt of the denial letter. The Office of Contract Compliance bases its decisions on the City of Atlanta Code of Ordinances Section 2-1462. If you have any questions please contact the Office of Contract Compliance at (404) 330-6010.

DOCUMENTS TO BE SUBMITTED

Required Documents for All Applicants:

_____1. **Vendor Number***
_____2. Bank Signature Card
_____3. Proof of Minority or Female Status (birth certificate with Picture I.D. or Passport)
_____4. 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
_____5. Current résumé of all principals of company showing Education, Training, Employment and Experience with dates
_____6. Provide copy of the lease, rental, or management agreement for business premises, including local business telephone number
_____7. Organizational Chart
_____**8. Email Address***
_____**9. Tax ID Number***
_____10.All applicants must choose between one (1) and three (3) NAICS codes
_____11. URL (web) Address

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

A. Additional Requirements for a Corporation

_____1. Previous two years Federal Corporate Tax returns including all schedules
_____2. Certificate of Incorporation, and Articles of Incorporation, including Amendments
_____3. Minutes of First Corporate Organizational meeting
_____4. Minutes of any subsequent meeting during which changes in the ownership and/or management of corporation are discussed
_____5. Corporate By-Laws
_____6. Copy of all stock certificates issued to date (include front and back sides of any canceled or replaced certificates (do not include a specimen copy)
_____7. Copy of corporate stock ledger
_____8. If you are incorporated outside the State of Georgia, include a copy of the firm's Certificate of Authority to conduct business in the State of Georgia

B. Additional Requirements for a General Partnership

_____1. Previous two years Federal Partnership Tax returns, Form 1065, including all schedules
_____2. Partnership Agreement and Amendments which reflect change in ownership or profit sharing
_____3. Buy-out rights agreement (if separate)
_____4. Profit Sharing agreement (if separate)
_____5. Proof of capital invested (canceled checks, front and back)
_____6. If Partnership was organized outside the State of Georgia, provide Certificate of Authority to do business in Georgia

C. Additional Requirements for a Limited Partnership

_____1. Previous Two years Federal Partnership Tax returns, Form 1065, including all schedules
_____2. Partnership Agreement and Amendments which reflect change in ownership or profit sharing
_____3. Buy-out rights agreement (if separate)
_____4. Profit Sharing agreement (if separate)
_____5. Proof of capital invested (canceled checks, front and back)
_____6. Certificate of Limited Partnership
_____7. If Limited Partnership was organized outside the State of Georgia, provide certificate of authority to do business in Georgia

D. Additional Requirements for a Sole Proprietor

_____1. Previous two years Federal Tax returns including all schedules
_____2. Equipment rental and purchase agreement (if applicable)
_____3. Proof of capital invested (canceled checks, front and back)

E. Additional Requirements for a Limited Liability Company

_____1. Copy of the Article of Organization and the Certification of Organization
_____2. Copy of the Statement of Organizers
_____3. Copy of the Operation Agreement and all Amendments thereof
_____4. Proof of capital invested (canceled checks, front and back)
_____5. Prior two years of Federal Tax Returns of Limited Liability Company, including all schedules
_____6. If Limited Liability Company was organized outside the State of Georgia, provide certificate of authority to do business in Georgia
_____7. If LLC is a conversion of another form of business - include Certificate of Election from Georgia Secretary of State

The EBO Affidavit and all supporting documents must be submitted together. All supporting documents relevant to your legal form of business enterprise (corporation, general partnership, limited partnership, sole proprietor or limited liability company) must also be submitted with the EBO Affidavit. Failure to submit all the required documentation will result in a delay in the processing or denial of certification of your business.

Please submit all completed documents bound with alphabetized tabs to:

City of Atlanta
Office of Contract Compliance
55 Trinity Avenue, SW, Suite 1700
Atlanta, Georgia 30303-0321

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:

_____

_____

_____

EQUAL BUSINESS OPPORTUNITY (EBO)
CERTIFICATION AFFIDAVIT
FOR

_____
Name of Enterprise

_____ _____
Tax ID# **Email Address**

City of Atlanta
Project Pending?_____yes_____no Bid Due Date:_____

FC#_____Name of Project:_____

The information supplied herein by an authorized individual shall clearly identify and evidence the extent of minority and/or female ownership and control of this business enterprise.

All required supporting documents must be included, along with the signature of the authorized persons affixed where ever requested. This EBO Affidavit must be signed and notarized prior to evaluation by the Office of Contract Compliance.

*Note: All items on this EBO Affidavit must be completed and submitted to the Office of Contract Compliance at the same time.

Definitions:
City of Atlanta Ordinance Section 2-1443 sets out the definitions for "African American", "African American Business Enterprise" (AABE), "Asian American Business Enterprise" (ABE), "Bid", "Bidder", "Commercially Useful Function", "Controlled", "Eligible Project", "Female Business Enterprise", (FBE), "Hispanic Business Enterprise" (HBE), "Joint Venture", "Minority Business Enterprise", (MBE).

"Minority Business Enterprise (MBE)": a business which is an independent and continuing operation for profit, performing a commercially useful function and which is owned and controlled by one or more minority group members, as defined in Section 2-1356, which group has been determined to have suffered discrimination requiring amelioration as defined in Section 2-1445(23), (24) and is certified as such by the city.

"Owned": the minority or female owner, shall possess an ownership interest of at least 51 percent of the business; such ownership shall be real and continuing and shall go beyond the mere indicia of ownership of the business reflected in the ownership documents; and the minority or female owner shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance, rather than the form of ownership arrangements.

"Controlled": the minority or female shall possess and exercise the legal authority and power to manage business assets, good will and daily operations of the business; and actively and continuously exercise such managerial authority and power in determining the policies an directing the operations of the business.

APPLICANT IS APPLYING FOR CERTIFICATION AS:

_____African American Business Enterprise (AABE)

_____Female Business Enterprise (FBE)

_____Hispanic American Business Enterprise (HABE)

_____Asian (Pacific Islander) American Business Enterprise (ABE)

_____Corporation

_____Partnership

_____Sole Proprietor

_____Limited Partnership

_____Limited Liability Co.

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 is:

_____Title:_____

The mailing address is:_____

City:_____County:_____State:_____Zip:_____

Telephone: (_____)_____Fax (____)_____

Pager: (_____)_____Mobile: ( )_____

Email Address: _____

2.

A. Is the principal, owner a citizen of the United States?_____yes _____no

B. If NO, is the principal, owner a lawful permanent resident of the United States?
_____yes _____no

3.

A. Previous certification or approval as an M/FBE with the City of Atlanta?
_____yes _____no

B. Previous certification or approval as an M/FBE with any other governmental agency?

_____yes _____no

C. If you answered YES to any of the above questions, please provide a copy of the respective certifications, approval letters or certificates and attach them to this EBO AFFIDAVIT.

D. Denial of certification as an M/FBE by any governmental agency?

_____yes _____no

E. If YES, submit copy of denial document.

F. Has there been participation and involvement by any of the principals in another firm wherein there has been a challenge, appeal or suspension of M/FBE certification by the City of Atlanta or any other governmental entity?

_____yes _____no

G. If YES describe the following: (a) the name of the enterprise, (b) the name of the principal, (c) whether the action was a suspension, (d) whether the enterprise filed a formal appeal, (e) the Name of the governmental agency (including phone number) and (f) the current status of the challenge, appeal and/or suspension is:

_____

_____

_____

4.

Are there any licenses or accreditations required to engage in the business of your enterprise?

_____yes _____no

TYPE	**ISSUED TO**	**ISSUED BY**	**DATE ISSUED**

5.

The business was started, formed and/or acquired by its present owners on _____20_____ _____in the following manner:

_____Bought as existing business _____Started as new business

_____Secured Franchise _____Merger or consolidation

Other Manner; explain_____

_____

_____

6.

If the business previously operated under another name, please provide the previous name and address of the enterprise:_____

_____

_____

7.

Are the owners, partners or principals of the enterprise affiliated with any other firm(s) as employees, shareholders, directors, members, or owners?

_____yes _____no

If YES, they are:

Name of Person affiliated with another firm	**Person's title at affiliated firm.**	**Name of affiliated firm.**	**Affiliated Firm Telephone Number**

8.

The total amount of moneys and all items of any value owed to the enterprise by any and all firm principals and/or spouse(s) or family members of principals:

Title/Name	**Reason for Debt**	**Amount of Debt**	**Date Issued/Due**

9.

The total amount of moneys and all items of any value which the enterprise owes to any shareholder, partner, principal, officer or member of the applicant enterprise or any spouse or sibling of the applicant enterprise:

Title/Name	**Reason for the Debt**	**Date Issued/Due**

10.

The assets of the applicant/business, including real estate holdings, trade equipment, office furnishings and office equipment include:

Description of Asset	**Real Dollar Value**	**Type of Lien/Encumbrance upon the Property**

11.

_____is a **SOLE PROPRIETOR**
(Name of Business Enterprise)

Name	**Ethnic Group/Sex**	**Sex**	**Home Address**	**Date of Investment**

12.

What persons, firms, or entities have loaned monies to the Sole Proprietor?

Person/Firm	**Amount**	**Reason for Loan**	**Conditions/Terms**

13.

Is the Company bonded? _____yes _____no

If YES, list the current bonding company, bonding limits, amount of any Letter of Credit, the issuing banking institution, and attach copy of bond letter

Bonding Co./Address	**Bond Limit**	**Issuing Bank**	**Dollar Value of Letters of Credit**

14.

The name, title, sex and ethnic groups of the individuals of the business enterprise most responsible for:

Function	**Name**	**Title**	**Sex**	**Ethnic Group**
Determining what jobs the enterprise will undertake				
Project supervision				
Major Expenditures				
Hiring/Firing Personnel				
Preparing Job Estimates				
Submitting Quotations				
Reviewing Plans and/or Specifications				
Field Supervision				
Project Coordination				
Equipment Rental Leasing				
Purchasing of Equip. and Supplies				
Marketing and Sales				
Securing Insurance				
Securing Bonding				
Securing Employee Benefits				
Signing Surety Bonds				
Signing Payroll Checks				

15.

The Sole Proprietor's Primary Banking Institution is:

Name of Bank	**Address/City**	**Contact Person**	**Checking Account Number**

The name and Title of the Person(s) whose signature is required on any checks for the payment of any and all expenses of the Sole Proprietor including payroll and operational expense are:

Name	**Title**	**Type and # of Authorized Acct.**	**Number of accompanying signatures**

16.

List the annual salaries, bonuses and commissions of the sole proprietor, including employees of the sole proprietor's staff/personnel during the past 12 months

Name	**Title**	**Salary**	**Bonus**	**Comm.**	**Deferred Comm.**	**Total**

If no salaries, bonuses, and commissions have been paid during the last 12 months, please provide a brief explanation:

_____

_____

17.

Major equipment rented, leased or owned by the Sole Proprietor for business purposes is as follows:

Equipment Type	**Rented/leased or owned**	**Name of Lessor**	**Lessor's Phone Number**	**Initial and End Date of Contract**

18.

Does the Sole Proprietor share office space with another enterprise?

_____yes _____no

If Yes:

Name of other firm	**Address**	**Type of Space**	**Relationship to Applicant/ Principle**

19.

What persons, firms or entities contributed equipment, finances or personnel to the Sole Proprietor?

Name of Firm	**Address/City**	**Telephone Number**	**Amt. and Type of Support Supplied**

20.

A. Two (2) Current Customers of the Sole Proprietor are:

Customer **Address/City** **Telephone**

_____

Description of Work Performed:_____

_____

Customer **Address/City** **Telephone**

_____

Description of Work Performed:_____

_____

B. The Sole Proprietor, _____has performed as a **PRIME CONTRACTOR** and has had the occasion to **SUBCONTRACT** work to the following firms:

Subcontractor Firm **Address, City** **Telephone** **Contract Date**

_____

_____

_____

C. The Sole Proprietor,_____has performed as a **SUBCONTRACTOR** wherein the applicant's work was PERFORMED for the following **PRIME CONTRACTORS:**

Prime Contractor **Address, City** **Telephone #** **Contract Date**

_____

_____

The undersigned does hereby swear or affirm that the statements contained in the 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 include 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 106-90 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 contracts 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 EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT 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 ANY TIME. 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)

Name of Person Signing:(Print)_____

Title of Person Signing: (Print)_____

Signature:_____
(Must match name of person signing)

Sworn to and Subscribed Before Me, this Day of _____

_____
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**