



Local Small Business Enterprise (LSBE) Affidavit

Dear Prospective LSBE Vendor:

Thank you for your interest in becoming certified with DeKalb County Government, Contract Compliance Division, Purchasing and Contracting Department as a **Local Small Business Enterprise (LSBE)**. Pursuant to the DeKalb County LSBE Ordinance, Contractors are required to utilize or demonstrate Good Faith Efforts to utilize certified LSBE vendors for twenty percent (20%) of the total award for all qualified sealed solicitations.

DeKalb County has two types of LSBE Certifications: (1) Locally Based Inside of DeKalb County [**LSBE-DeKalb**]; and (2) Locally Based Outside of DeKalb County but within the ten (10) County Metropolitan Statistical Area [**LSBE-MSA**] that includes Cherokee, Clayton, Cobb, Douglas, Fayette, Fulton, Henry, Gwinnett, and Rockdale Counties. The applicant firm must be located and operate in DeKalb County or the MSA for at least one year prior to submitting an application for LSBE certification. To operate means to be the current holder of a valid business license issued by DeKalb County or a local government within the MSA for at least one year prior to submitting an application for LSBE certification.

Certified (LSBEs) located within DeKalb County and prime contractors utilizing them shall receive ten (10) percentage points in the initial evaluation of their response to any Request for Proposal and a ten (10) percent preference on all responses to any Invitation to Bid. Certified LSBEs operating outside of DeKalb County but within the (MSA) and prime contractors utilizing them shall receive five (5) percentage points in the initial evaluation of their response to any Request for Proposal and a five (5) percent preference on all responses to any Invitation to Bid.

For either LSBE certification, the following qualifying definition shall apply: A Small Business shall mean an independently owned and operated business concern whose average annual gross receipts for the previous three years must not exceed (1) Construction Firms - \$3,000,000.00 (2) Professional Services Firms - \$2,000,000 (3) Commodity Suppliers - \$1,000,000.00; the individual owners of such business concern may not possess a personal net worth that exceeds \$1,000,000.00, including a spouse or adult child's net worth but excluding the individual's ownership interest in their primary residence.

We have enclosed the LSBE certification affidavit, which serves as an application for certification. All questions on the affidavit must be answered completely and ALL requested documentation must accompany the affidavit. Failure to complete portions or provide the required documentation may result in the return of your unprocessed application and the denial of certification for your business. The information on the affidavit must be true and accurate to the best of the applicant's knowledge. The Contract Compliance Division will keep all submitted documents and information confidential to the extent allowable by law.

Certification does not guarantee any present or future contracts with DeKalb County. All registered vendors must take the necessary steps to become a part of the County's procurement system and bid competitively for business. Please contact our office or visit our website to register as a vendor with the County.

Submit the completed affidavit and documents to the Contract Compliance Division, DeKalb County Purchasing and Contracting Department, 1300 Commerce Drive, 2nd Floor, Decatur, Georgia 30030. Direct all questions to the Contract Compliance Division at (404) 371-7051 or visit our website at www.dekalbcountyga.gov for more information.

PLEASE REVIEW BEFORE COMPLETING APPLICATION

MINIMUM REQUIREMENTS FOR LSBE CERTIFICATION

(Please Note: This list is not exhaustive, but contains a few of the minimum, not all, requirements for certification. Please make sure you meet the minimum requirements before completing the application for certification.)

- **LOCATED AND OPERATING** IN DEKALB COUNTY OR MSA **FOR ONE YEAR PRIOR** TO SUBMITTING CERTIFICATION APPLICATION.

- **VALID BUSINESS LICENSE** FROM DEKALB COUNTY OR LOCAL GOVERNMENT WITHIN THE MSA **FOR AT LEAST ONE YEAR PRIOR** TO SUBMITTING APPLICATION FOR CERTIFICATION.

- **INDEPENDENTLY OWNED AND OPERATED BUSINESS CONCERN** WHOSE **AVERAGE ANNUAL GROSS RECEIPTS** FOR THE PREVIOUS THREE YEARS DOES NOT EXCEED:
 - **CONSTRUCTION FIRMS-\$3,000,000.00**
 - **PROFESSIONAL SERVICE FIRMS-\$2,000,000.00**
 - **COMMODODITY SUPPLIERS-\$1,000,000.00**

- **THE PERSONAL NET WORTH** OF THE INDIVIDUAL OWNERS OF SUCH BUSINESS CONCERN **DOES NOT EXCEED \$1,000,000.00**, INCLUDING A SPOUSE OR ADULT CHILD'S NET WORTH BUT EXCLUDING THE INDIVIDUAL'S OWNERSHIP INTEREST IN THEIR PRIMARY RESIDENCE.

- **APPLICANT FIRM MUST BE 51% OWNED** BY ONE OR MORE OF THE APPLICANT INDIVIDUALS IDENTIFIED AND THE OWNERSHIP MUST HAVE BEEN IN EXISTENCE FOR ONE YEAR OR MORE; THE APPLICANT INDIVIDUAL MUST HAVE MAINTAINED SUCH 51% OWNERSHIP FOR AT LEAST ONE YEAR;

- **APPLICANT FIRM OWNER MUST BE A CITIZEN OR LAWFULLY ADMITTED PERMANENT RESIDENT** OF THE UNITED STATES AND BE COMPLIANT WITH THE RESIDENCY REQUIREMENTS OF THE LSBE PROGRAM.



**CONTRACT COMPLIANCE DIVISION
PURCHASING AND CONTRACTING DEPARTMENT
1300 COMMERCE DRIVE, 2nd FLOOR
DECATUR, GEORGIA 30030**

(404) 371-7051 Phone (404) 371-7006 Fax

Email: padmin-ops@dekalbcountyga.gov Web Site: www.dekalbcountyga.gov

**LOCAL SMALL BUSINESS ENTERPRISE
DISCLOSURE AFFIDAVIT
(THIS IS NOT A DBE PROGRAM)**

ALL QUESTIONS MUST BE ANSWERED IN FULL

Applicant Firm _____

Name of Owner _____

U.S Citizen

Lawfully Admitted Permanent Resident

Principal Place of Business _____

Street _____

City _____

County _____

State _____

Zip Code _____

Mailing Address _____

Street _____

City _____

County _____

State _____

Zip Code _____

Telephone Number _____

Fax Number _____

Web Site _____

Email Address _____

TYPE OF OWNERSHIP:

- Sole Proprietorship
 Partnership
 Limited Liability Partnership
 Corporation
 Limited Liability Company
 Joint Venture

APPLYING FOR LOCAL SMALL BUSINESS ENTERPRISE:

- Locally based inside DeKalb County
DeKalb County Business Tax ID # _____
 Locally based outside DeKalb County but
within the Metropolitan Statistical Area (MSA)
County: _____

*** ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF DEKALB COUNTY.**

(Applicant Firm: _____)

TYPE OF BUSINESS: Construction Service Manufacturer Supplier/ Non- Manufacturer

Description of Business: (This is how your business will be categorized and listed on our certified vendor report.) _____

5 Digit NIGP Code: _____ NIGP Code Description: _____

GENERAL INFORMATION

1. (a) Date business started and location: _____

(b) Percentage of ownership held by applicant owner in applicant firm: _____

(c) Length of time ownership held in applicant firm: _____

(d) Applicant Firm owners net worth as of date of application (including a spouse or adult child's net worth but excluding the individual's ownership interest in their primary residence): \$_____.

Please attach a personal financial statement. You may use the attached form (Appendix B) or your own.

(f) Applicant Firm's Annual Gross Receipts for previous three years: **(DO NOT LEAVE BLANK)**

Year	Annual Gross Receipts

2. What is your reason for seeking certification with DeKalb County?

4. (a) Are you currently bidding on a contract for DeKalb County? Yes No

If yes, indicate name of bid, RFP or invitation number. _____

(b) If you are not currently bidding on a contract with DeKalb County, is this certification required for any other entity? Yes No If yes, please indicate entity: _____

5. Do you have relatives or family members employed with DeKalb County? Yes No

If yes, do they work with or have an interest in your business? Please explain:

PLEASE COMPLETE THE SECTION BELOW THAT APPLIES TO YOUR BUSINESS

A. SOLE PROPRIETORSHIP

Does the owner report as his/her personal income for State and Federal income tax purposes, the funds from such business? Yes No

Federal Employer ID Number (FEIN) _____

B. PARTNERSHIP

Is fifty-one percent (51%) of the applicant firm owned by one or more of the applicant owners identified?

Yes No

(Applicant Firm: _____)

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

Name (s) of Partners:

Name	Address	Percentage of Ownership	Ownership Title	Social Security Number

Date organized as a partnership _____, in the State of _____.
(Month, day, year)

Date of initial operation _____, in the State of _____.
(Month, day, year)

C. CORPORATION and/or LIMITED LIABILITY COMPANY /PARTNERSHIP

Is this business organized as a corporation in which a majority of the stock is owned by the applicant owner?
 Yes No

If the above answer is yes, does the owner report as his/ her personal income for State and Federal income tax purposes more than fifty percent (50%) of the distributed earnings of the corporation? Yes No

Date Incorporated _____, in the State of _____. Tax/FEIN No. _____

Total common shares issued as of date of this application:

Common: _____ Preferred: _____ Other: _____

OFFICERS AND BOARD OF DIRECTORS

Enter ALL corporate officers, Board of Directors, and Shareholders- including Officers and Directors who do not own stock in the business.
List all titles for individuals/ entities holding multiple titles.

Name	Title	% Ownership

Name of Owners/ Principals who own shares	Percentage, amount and type of shares owned	Social Security Number/ Tax Payer ID (FEIN)

A MANDATORY LIST OF DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION IS ATTACHED AS **EXHIBIT "A"**.

THE FAILURE TO SUBMIT ALL OF THE REQUESTED INFORMATION MAY RESULT IN A DENIAL OF CERTIFICATION.

(Applicant Firm: _____)

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED BELOW

I, _____, a major stockholder, owner or officer do hereby solemnly swear or affirm that this business is at least fifty- one percent (51%) owned by the applicant individual(s) identified, that the ownership has been in existence for one year or more, and that the applicant firm's average annual gross receipts do not exceed the following: (1) Construction Firm (\$3,000,000.00); Professional Services Firm (\$2,000,000.00); or (3) Commodity Supplies (\$1,000,000.00). Further, that the individual owner(s) of the applicant firm does not possess a personal net worth that exceeds \$1,000,000.00 including a spouse or adult child's net worth but excluding the individual's ownership in their primary residence. 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 an inspection to the DeKalb County Contract Compliance Division 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 this firm's facilities in order to verify information provided in this document. I understand certification as a Local Small Business Enterprise does not guarantee any present or future contracts with DeKalb County. All registered vendors must take the necessary steps to become a part of the County's procurement system and bid competitively for business.

Signature: _____
(Owner)

Date: _____

Name: _____
(Print)

Title: _____
(Print)

Sworn to and subscribed before me

This _____ day of _____, 20____

Notary Public

My Commission Expires: _____

(Applicant Firm: _____)

ATTACHMENT "A"

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) LSBE, MBE and/or WBE Certification, as referenced in O.C.G.A. § 50-36-1, from DeKalb County Government, Department of Purchasing and Contracting, Contract Compliance Division, the undersigned applicant verifies 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:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has 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

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

COMPLETION OF THIS FORM IS MANDATORY.

(Applicant Firm: _____)

APPLICANT PROFILE SURVEY		
<p>How did you learn about this certification opportunity?</p> <p> <input type="checkbox"/> Job Fair <input type="checkbox"/> Walk-In <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____ </p> <p> <input type="checkbox"/> Word of Mouth <input type="checkbox"/> DeKalb County Internet Site <input type="checkbox"/> Vendor Fair/ Trade Show </p> <p> <input type="checkbox"/> DeKalb Cable TV Channel <input type="checkbox"/> DeKalb County Clinic <input type="checkbox"/> Dekalb County Brown Bag </p> <p> <input type="checkbox"/> Email <input type="checkbox"/> Other Internet Site: _____ </p>		
<p>RACE</p> <p>____ White</p> <p>____ Black</p> <p>____ Hispanic</p> <p>____ Asian/Pacific Islander</p> <p>____ Native American Indian</p> <p>____ Alaskan Native</p> <p>____ Other _____</p>	<p>SEX</p> <p>____ Male</p> <p>____ Female</p>	<p>CERTIFICATION APPLIED FOR: (CHECK WHICH APPLIES)</p> <p><input type="checkbox"/> MBE</p> <p><input type="checkbox"/> WBE</p> <p><input type="checkbox"/> LSBE-DEKALB</p> <p><input type="checkbox"/> LSBE-MSA</p> <p><input type="checkbox"/> HUD SECTION 3 SELF CERTIFICATION</p>
<p><u>Definitions</u></p> <p>White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the middle East.</p> <p>Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.</p> <p>Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p>Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the India Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.</p> <p>Native American Indian / Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.</p>		

The personal identification information requested in the Applicant Profile Survey is voluntary and removed and handled separately from the other information on the application when your application is reviewed for certification eligibility.

(Applicant Firm: _____)

**APPENDIX A
CONFIDENTIAL
PERSONAL FINANCIAL STATEMENT**

As of (date): _____

(Both pages must be completed by each applicant owner. - This form may be copied)

Name		Business Phone	
Residence Address		Residence Phone	
City, State & Zip Code			
Name of Applicant Firm			
ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on Hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 1)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment account (Auto)	\$ _____
Accounts and Notes Receivables	\$ _____	Installment Account (Other)	\$ _____
Life Insurance- Cash Surrender Value Only. (Complete Section 7)	\$ _____	Loan on Life Insurance	
Stocks and Bonds (Describe in Section 2)	\$ _____	Mortgages on Real Estate (Describe in Section 3)	\$ _____
Real Estate (Describe in Section 3)	\$ _____	Unpaid Taxes (Describe in Section 5)	\$ _____
Automobile(s)- Present Value	\$ _____	Other Liabilities (Describe in Section 6)	\$ _____
Other Personal Property (Describe in Section 4)	\$ _____		
Other Assets (Describe in Section 4)	\$ _____	Total Liabilities	\$ _____
Total Assets	\$ _____	Net Worth (Total Assets minus Total Liabilities) (DO NOT LEAVE BLANK)	\$ _____
Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co- Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provisions for Federal Income	\$ _____
Other Income	\$ _____	Other Special Debt	\$ _____

Section 1. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency monthly etc.	How Secured or Endorsed Type Collateral

Section 2. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/Exchange	Total Value

Section 3. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/ Year			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment. If delinquent, describe delinquency.)

Section 5. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 6. Other Liabilities (Describe in detail.)

Section 7. Life Insurance Held (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries.)

I authorize the Purchasing and Contracting Department, Contract Compliance Division, to verify the accuracy of the statements made in Order to determine whether I meet the standards for certification as a LSBE. These statements are true and correct to the best of my Belief.

Printed/ Typed name:	Signature and Date:
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Appendix "A"

APPENDIX "B"**Local Small Business Enterprise (LSBE)****CERTIFICATION CHECKLIST****(Minimum Documents Required for All Applicants for Certification)**

The Local Small Business Enterprise (LSBE) Disclosure Affidavit must be **signed** and **notarized**. In addition, the following supporting documentation relevant to your legal business enterprise must be submitted to the Contract Compliance Division. Failure to submit all required documentation may result in the return of your unprocessed affidavit and/or the denial of certification. **Certification packages must be neat and legible and returned in the order listed below.**

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 a description of the item and an explanation as to why the documents were not submitted.

All documents must be returned in the order listed. Failure to do so may delay the application process

Required Documents for All Applicants	SP	P	C	LLC	LLP	Included
Bank signature card (showing date account opened and title of all signers, ex: Pres., etc.)	X	X	X	X	X	
Either: (a) Birth certificate AND a Picture I.D. <i>OR</i> (b) Current Passport	X	X	X	X	X	
Copy of current and previous year's business license which shows the company is located in one of the following counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett or Rockdale. You must have a business license for the year prior to submission of your application.	X	X	X	X	X	
Resumes of principals and key management personnel showing education, training, employment and dates (include shareholders who own 5% or more shares and all officers of corporation.)	X	X	X	X	X	
Copy of lease, rental or management agreement for business premises, including local business phone number, a copy of your deed if the premises is owned, or a notarized statement that it is the business is home based	X	X	X	X	X	
Organizational chart (include all current and anticipated positions)	X	X	X	X	X	
Supplier Registration Form (Form 16). Form can be downloaded from the County's website at: http://www.dekalbcountyga.gov/purchasing/pdf/form16.pdf						
Signed Federal Corporate or Business Tax Returns for the past three (3) years including all schedules	X	X	X	X	X	
Current personal financial statement (attached)	X	X	X	X	X	
Proof of capital contribution. Indicate the manner in which ownership of the firm was obtained. Documents may include: cancelled checks, owner's first bank statement (this must show the date the business started, etc.)	X	X	X	X	X	
Fictitious Business Name Statement establishing a D/B/A (if applicable)	X	X	X	X	X	
Proof of bonding capacity (if applicable)	X	X	X	X	X	
Vehicle registration for all company owned vehicles (if applicable)	X	X	X	X	X	
Copies of all certification and denial of certification letters (if applicable)	X	X	X	X	X	
Business cards, stationery and brochures	X	X	X	X	X	
Equipment owned or available (include description of equipment, year acquired, and current value)	X	X	X	X	X	
Property purchase, rental or lease agreements (complete copy) for each facility owned, rented or leased. Also include one recent cancelled check for each facility rented/leased.	X	X	X	X	X	
Signed Owners Federal Tax return including W-2 or 1099 form for the past three (3) years	X	X	X	X	X	
Two (2) executed (i.e. signed by all parties) copies of past/ current contracts/ proposals or purchase order/ invoice in full . This information must include name/ address/ contact person of other company, type of work performed or type of contract received and date work completed. One copy must document work for the current year and the second copy must document the previous year's work.	X	X	X	X	X	
Third-party agreements (such as equipment rental or purchase agreement, lease agreement, management service agreements) &/ or franchise agreements	X	X	X	X	X	
Applicable contractors, professional license(s) and/or permit(s)	X	X	X	X	X	
Equipment rental and purchase agreements	X	X	X	X	X	

APPENDIX "B" (Cont.)**Local Small Business Enterprise (LSBE)****Continuation of CERTIFICATION CHECKLIST****(Minimum Documents Required for Your Legal Business Structure)**

In addition to the general documents requested on the previous page, please provide the following information for your particular form of business: Sole Proprietorship (SP); Partnership (P); Corporation (C); Limited Liability Company (LLC); or Limited Liability Partnership (LLP).

Requirements for Corporation	SP	P	C	LLC	LLP	Included
Along with Federal Tax Returns include for the past 3 years: (a) Form 1040 in full for all corporate officers; (b) Form 1120 or 1120S in full , including all schedules for all companies owned in whole or part by all corporate officers.			X			
Certificate of Incorporation with Articles of Incorporation, including Amendments			X			
Corporate By- Laws			X			
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			
Copies of <u>all</u> stock certificates issued to date (include front & back sides of any canceled or replaced certificates. (Do not include specimen copies))			X			
Stock ledger			X			
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			

Requirements for Partnership	SP	P	C	LLC	LLP	Included
Along with Federal Tax Returns include: (a) Form 1040 in full (including Schedules B and C for the past three (3) years; (b) Form 1065 in full (including Schedules K and K-1 for the past three (3) years		X				
Employers Quarterly contribution Reports and/or Employers Quarterly Federal Tax Return Form 941 for the past four quarters		X				
Partnership Agreement, including the following major causes (a) Buy-out rights, (b) Profit sharing plan, (c) Capital contribution agreement		X				

Sole Proprietor Requirements	SP	P	C	LLC	LLP	Included
Along with Federal Tax Returns include: Form 1040 in full (including all schedules for the past three (3) years)	X					
Employers Quarterly contribution Reports and/or Employers Quarterly Federal Tax Return Form 941 for the past four quarters	X					

Requirements for Limited Liability Partners/ Corporation & Joint Ventures	SP	P	C	LLC	LLP	Included
Along with Federal Tax Returns include: Form 1065/1120 or 1120S in full (including all schedules) for each joint venture partner for the past three (3) years				X	X	
Limited Liability Articles of Organization, including amendments and/or documents issued by the Secretary of State				X	X	
Copy of Operating Agreement				X	X	