



**MINORITY BUSINESS ENTERPRISE (MBE)
WOMAN BUSINESS ENTERPRISE (WBE)
Affidavit**

Dear Prospective Vendor:

Thank you for your interest in becoming certified with DeKalb County Government as a Minority Business Enterprise (MBE) or Woman Business Enterprise (WBE). To be certified as a MBE and/or WBE, the applicant firm must be 51% or more owned and controlled by a woman or recognized minority. Applicant firms must be located within the ten (10) County Metropolitan Statistical Area (MSA) consisting of Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, and Rockdale Counties. **The applicant firm must also be located and operating in the MSA for at least one year prior to submitting an application for certification.**

There is no preference granted for certification as a MBE or WBE. 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.

We have enclosed the MBE/WBE 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.

Submit the completed affidavit and documents to the DeKalb County Purchasing and Contracting Department, Contract Compliance Division, 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.



**PURCHASING AND CONTRACTING DEPARTMENT
CONTRACT COMPLIANCE DIVISION**

**1300 COMMERCE DRIVE, 2nd FLOOR
DECATUR, GEORGIA 30030**

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

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

**MINORITY BUSINESS ENTERPRISE
WOMAN 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

Mailing Address

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 STATUS AS:

- MBE (*Minority Business Enterprise*)
- WBE (*Woman Business Enterprise*)

(Applicant Firm: _____)

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

Description of Business: *(This is how your business will be categorized and listed in our Certified Vendors List.)*

5 Digit NIGP Code(s): _____

NIGP Code Description(s): _____

1. Date business started and location:

(Date/State)

2. Are you currently certified or seeking certification with any other agency? Yes No
If yes, indicate name of agencies:

3. Have you ever participated in the procurement process with DeKalb County? Yes No
If yes, indicate name of award:

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:

(Applicant Firm: _____)

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

Name of Owner: _____

Federal Employer ID Number (FEIN) _____ Race _____ Sex _____

B. PARTNERSHIP

Is the majority of the ownership interest of this business owned by one or more women or members of a minority race? Yes No

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 Minority/Women 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

Is this business organized as a corporation in which a majority of the common stock is owned by one or more women or members of a minority race? Yes No

If the above answer is yes, do these stockholders report as their personal income State and Federal income tax purposes more than fifty percent (50%) of the distributed earnings of the corporation?
 Yes No

Tax/FEIN No. _____

Date incorporated _____, in the State of _____.
(Month, Date, Year)

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

(Applicant Firm: _____)

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 individual/entities holding multiple titles			
Name	Title	Percentage of Ownership	Race/ Sex

Total shares issued as of date of this application: Common: _____ Preferred: _____ Other: _____

NOTE:

A MANDATORY LIST OF DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS AFFIDAVIT/APPLICATION IS ATTACHED AS APPENDIX “A”.

FAILURE TO SUBMIT ALL OF THE REQUESTED INFORMATION MAY RESULT IN A DENIAL OF CERTIFICATION AND YOUR UNPROCESSED APPLICATION BEING RETURNED TO YOU.

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED BELOW

I, _____, a major stockholder, owner or officer do hereby solemnly swear or affirm that this business has a majority by one or more members who are women or minorities as defined by Federal Law. 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 percentage of minority/ woman 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 Minority, or Woman 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:

(Applicant Firm: _____)

APPENDIX "A"
MBE/WBE DOCUMENT CHECKLIST

The documentation required depends on the legal status of the business.

ALL APPLICANTS MUST SUBMIT THE INFORMATION REQUESTED IN SECTION A.

Corporations (C) must submit the information requested in **Sections A and B**;

Limited Liability Companies (LLC) must submit the information requested in **Sections A, B (as applicable) and C**;

Partnerships (P) and Limited Liability Partnerships (LLP) must submit the information requested in **Sections A and C**;

Sole Proprietorships (SP) must submit the information requested in **Sections A and D**.

Check the **included** boxes to note that you have provided the copies or note **N/A**. "N/A" responses must be accompanied by an explanation as to why the document(s) were not submitted.

SECTION A ---- Required Documents for All Applicants	SP	P	C	LLC	LLP	Included
1. Bank signature card (showing date account opened and title of all signers, ex: Pres., etc.)	X	X	X	X	X	
2. Either: (a) Birth certificate AND a Picture I.D. <u>OR</u> (b) Current Passport	X	X	X	X	X	
3. 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	X	X	X	X	X	
4. Current resume of all principals of company showing Education, Training, Employment and experience with dates	X	X	X	X	X	
5. Provide copy of lease, rental or management agreement for business premises, including local business phone number, a copy of your deed if you own the property, or a notarized statement on company letterhead stating that the business is home based.	X	X	X	X	X	
6. Organizational chart	X	X	X	X	X	
7. Supplier Registration Form (Form 16) . Form can be downloaded from the County's website at: http://www.dekalbcountyga.gov/purchasing/pdf/form16.pdf	X	X	X	X	X	
SECTION B ---- Requirements for Corporations	SP	P	C	LLC	LLP	Included
8. Previous two years Federal Corporate Tax returns including all schedules			X			
9. Certificate of Incorporation, and Articles of Incorporation, including Amendments			X			
10. Minutes of First Corporate Organizational meeting			X			
11. Minutes of any subsequent meeting during which changes in the ownership and/or management of the corporation were discussed			X			
12. Corporate By-Laws			X			
13. Copies of all stock certificates issued to date (include front and back sides of any canceled or replaced certificates). (Do not include a specimen copy)			X			
14. A copy of your stock ledger (If you have assigned stock. If you have not, please state that in writing).			X			
15. If you are incorporated outside of the State of Georgia, include a copy of the firm's Certificate of Authority to conduct business in the State of Georgia			X			
SECTION C ---- Requirements for Partnerships	SP	P	C	LLC	LLP	Included
16. Previous two years Federal Partnership Tax returns, Form 1065, including all schedules		X				
17. Partnership agreement and Amendments that reflect change in ownership or profit sharing		X				
18. Buy-out rights agreement (if separate)		X				
19. Profit Sharing agreement (if separate)		X				
20. Proof of capital invested (canceled checks, front and back)		X				
21. If Partnership was organized outside the State of Georgia, provide Certificate of Authority to do business in Georgia		X				
22. Copy of the Article of Organization and Certification of Organization				X	X	
23. Copy of the Operation Agreement and all Amendments thereof				X	X	
24. Proof of capital invested (canceled checks, front and back)				X	X	
25. Prior two years of Federal Tax Returns of Limited Liability Company, including all schedules				X	X	
26. If Limited Liability Company was organized outside of State of Georgia, provide Certificate of Authority to do business Georgia				X	X	
27. Certificate of Existence				X	X	
28. If LLC is a conversion of another form of business – include Certificate of Election from Georgia Secretary of State.				X	X	

(Applicant Firm: _____)

SECTION D ---- Requirements for a Sole Proprietorship	SP	P	C	LLC	LLP	Included
29. Previous two years Federal Tax returns including all schedules	X					
30. Equipment rental and purchase agreement (if applicable)	X					
31. Proof of capital invested (canceled checks, front and back)	X					

Please submit all completed documents to:

DeKalb County Government, Contract Compliance Division, 1300 Commerce Drive, Second Floor, Decatur, GA 30030

(404) 371-7051 (phone) 404-371-7006 (fax) padmin-ops@dekalbcountyga.gov (email)