



Small Local Business Enterprise (SLBE) Affidavit
CONTRACT COMPLIANCE DIVISION
CLAYTON COUNTY CENTRAL SERVICES
7994 NORTH MCDONOUGH STREET
JONESBORO, GEORGIA 30236

Dear Prospective SLBE Vendor:

Thank you for your interest in certifying with Clayton County Government, Contract Compliance Division, and Central Services Division as a **Small Local Business Enterprise (SLBE)**. Pursuant to the Clayton County Small Local Business and Procurement Non-Discrimination Ordinance, Contractors are required to use or demonstrate Good Faith Efforts in utilizing certified SLBE vendors for a percentage of the total award for all qualified solicitations in which a goal has been established.

Clayton County has two types of SLBE Certifications: (1) Locally Based Inside of Clayton County and (2) Locally Based Outside of Clayton County, within the ten (10) counties contiguous to Clayton County, specifically *Cherokee, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale, and Spalding Counties*. The applicant's firm must be located and operate in Clayton County or one of the 10 contiguous counties for at least one year prior to applying for SLBE certification. To operate means to be the current holder of a valid business license issued by Clayton County or a local government within the specified counties for at least one year prior to submitting an application for SLBE certification.

Certified SLBEs located within Clayton County and Prime Contractors utilizing them shall receive points in the initial evaluation of their response to any Request for Proposal based on meeting the established goal for SLBE participation. Additional points are awarded if the prime contractor is also a certified SLBE. The number of points is based on whether the SLBE is located within Clayton County, or one of the ten contiguous counties mentioned above. Utilization of SLBEs is part of the evaluation process of a response to Invitations to Bid.

For all SLBE certification, the following qualifying definition shall apply: A Small Business means a locally based business whose average annual gross receipts or number of employees averaged over the past five years must not exceed the size standards as defined pursuant to 15 C.F.R. §121.201 et al., who demonstrates that individual owner's personal net worth and does not exceed \$1.32 Million, exclusive of the individual's ownership interest in their primary residence and the value of the SLBE. Applicants must also provide information on the race, gender, and ethnicity of the company's owners.

The SLBE certification affidavit, serves as an application for certification. All questions on the application must be answered completely and ALL requested documentation must accompany the affidavit. Failure to complete portions or provide 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 Clayton 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.

Direct all questions to Contracts Compliance Division at (770) 477-3587 or visit our website at www.claytoncountyga.gov, for more information.

Contract Compliance Division
Clayton County Central Services Division

PLEASE REVIEW BEFORE COMPLETING APPLICATION

MINIMUM REQUIREMENTS FOR SLBE CERTIFICATION

(Please Note: This page contains a few of the minimum requirements for certification. Please make sure you meet the minimum requirements before completing the application for certification.)

- **LOCATED AND OPERATING** IN CLAYTON COUNTY (FOR LOCALLY BASED CLAYTON DESIGNATION) OR *Cherokee, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale and Spalding* (FOR LOCALLY BASED OUTSIDE CLAYTON'S DESIGNATION) **FOR ONE YEAR PRIOR** TO SUBMITTING CERTIFICATION APPLICATION.
- **VALID BUSINESS LICENSE** FROM CLAYTON COUNTY OR LOCAL GOVERNMENT within *Cherokee, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale and Spalding* **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 FIVE YEARS DOES NOT EXCEED CURRENT SBA STANDARDS
- THE **PERSONAL NET WORTH** OF THE INDIVIDUAL OWNERS OF SUCH BUSINESS DOES **NOT EXCEED \$1.32 MILLION**, 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 51% OWNERSHIP FOR AT LEAST ONE YEAR.
- APPLICANT FIRM OWNER MUST BE A **CITIZEN OR A LAWFULLY ADMITTED PERMANENT RESIDENT** OF THE UNITED STATES AND BE COMPLIANT WITH THE RESIDENCY REQUIREMENTS OF CLAYTON COUNTY'S SLBE PROGRAM.
- FIRM MUST BE ABLE TO PROVIDE PROOF OF LOCATION OF OFFICE SPACE, PLANT, WAREHOUSE OR OTHER PHYSICAL BUSINESS FACILITY (UTILITY BILL, LEASE AGREEMENT, ETC.)



SMALL LOCAL BUSINESS ENTERPRISE CERTIFICATION APPLICATION & AFFIDAVIT

**Clayton County Central Service
Contract Compliance Division
7994 N. McDonough Street
Jonesboro, GA 30236**

(THIS IS NOT A DBE PROGRAM)

ALL QUESTIONS MUST BE ANSWERED IN FULL

FIRM NAME

NAME OF OWNER

U.S. CITIZEN LAWFULLY ADMITTED PERMANENT RESIDENT

RACE/ETHNICIT/GENDER OF OWNER: African American Asian American
 Native American Hispanic American Caucasian American Female

Principal Place of Business Street City County State Zip Code

Mailing Address Street City County State Zip Code

Telephone Number

Cell Number

Website

E-Mail Address

TYPE OF OWNERSHP: Sole Proprietorship Partnership Corporation
 Limited Liability Company/Partnership Joint Venture

LOCATION: Locally Based *inside* Clayton County Locally based *outside* of Clayton County but within Cherokee, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale or Spalding – Which County: _____

TYPE OF BUSINESS: Construction: _____ Goods & Services: _____
 Manufacturer: _____ Supplier/Non-Manufacturer: _____ Other: _____

Description of Business: *(This is how your business will be categorized and listed on our certified SLBE vendor list. Please list 5-digit NIGP codes and descriptions for the services you provide. List Primary Codes first. If you have more, please provide on an attached sheet.*

NAICS CODE	DESCRIPTION

GENERAL INFORMATION

- Date the business started: _____
 - Percentage of ownership held by applicant owner in applicant firm: _____
 - Length of time ownership held in applicant firm: _____
 - Applicant Firm owner’s net worth as of date of application: \$_____.
 - Applicant Firm’s Annual Gross Receipts for previous three to five years: **Beginning January 6, 2022, the SBA Requirements for Small Business is 5 years.**

Year	Annual Gross Receipts

- Are you currently bidding on a contract for Clayton County? Yes No
 If yes, indicate the name of the bid, RFP or invitation number. _____
 - If you are not currently bidding on a contract with Clayton County, is this certification required for any other entity? Yes No If yes, please indicate entity: _____
- Do you have relatives or family members employed with Clayton County?
 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 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 Do the owners report 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, and y

Date of initial Operation _____

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 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/ Taxpayer ID (FEIN)

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



THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED ON FOLLOWING PAGE

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 or number of employees do not exceed the size standard as defined pursuant to 15 C.F.R § et seq. Further, that the individual owner(s) of the applicant firm does not possess a personal net worth that exceeds \$1.32 Million. I have read and certify that the above and foregoing information is full, true, and a correct statement of the facts. I also agree to make available an inspection to the Clayton 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 to verify the information provided in this document. I understand certification as a Small Local Business Enterprise does not guarantee any present or future contracts with Clayton 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: _____

**APPENDIX A
CONFIDENTIAL**

PERSONAL FINANCIAL STATEMENT

As of (date): _____

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

BASIC INFORMATION			
Name		Business Phone	
Residence Address		Residence Phone	
City, State & Zip Code			
Name of Applicant Firm			
ASSETS		LIABILITIES	
	(Omit Cents)		(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 5)	\$ _____
Real Estate (Describe in Section 5)	\$ _____	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		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 Note holder(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 Share	Name of Securities	Cost	Market Value	Date of Quotation/Exchange	Total Value
Section 5. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement)					
	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/					
Status of Mortgage					
Section 4. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lienholder, 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)					
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 Central Services Division, Contract Compliance Division, to verify the accuracy of the statements made in order to determine whether I meet the standards for certification as a SLBE. These statements are true and correct to the best of my knowledge.					
Printed/ Typed name:			Signature and Date:		

Appendix "A"

**APPENDIX
"B"**

**Small Local Business Enterprise
(SLBE) CERTIFICATION CHECKLIST**

**(Minimum Documents Required for All Applicants for
Certification)**

The Small Local Business Enterprise (SLBE) 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. Please include this Checklist in front of your supporting documents.**

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

REQUIRED DOCUMENTS FOR ALL APPLICANTS	SP	P	C	LLC	LLP	Included (✓)
BANK SIGNATURE CARD: (showing date account opened and title of all signers, ex: Treas.,						
W-9 FORM: Copy of your company's current W-9 Form (2024 edition)						
IDENTIFICATION: Copy of Birth Certificate and Picture ID or ; Passport						
BUSINESS LICENSE: Copy of current business license which shows the company is in one of the following counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale, or Spalding.						
RESUME(S): 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 the corporation.)						
LOCATION(S): Copy of current lease, rental, or management agreement for business premises. Include all signatures on lease or rental for each business premise(s)						
ORGANIZATIONAL CHART: (include all current and anticipated positions)						
BUSINESS TAXES: Signed Federal Corporate or Business Tax Returns for the past five (5) years including all schedules						
CURRENT PERSONAL FINANCIAL STATEMENT: (attached to application) Include shareholders who owns 5% or more shares and all officers of the corporation						
PROOF OF CAPITAL CONTRIBUTION: Indicate the manner in which ownership of the Firm/Business was obtained. Documents include the owner's first bank statement (this must show the date the business started.						
FICTITIOUS BUSINESS NAME STATEMENT: establishing a D/B/A (if applicable)						
BONDING: Proof of bonding capacity (if applicable)						
VEHICLES: Vehicle registration for all company owned vehicles (if applicable)						
CERTIFICATIONS: Copies of all certification and denial of certification letters (if applicable)						
BUSINESS CARDS, BROCHURES or STATIONERY						
INVENTORY LIST: Equipment owned or available (include description of equipment, year acquired and current value)						
PROPERTY PAYMENT: Property purchase, rental, or lease agreements (complete copy) for each facility owned. Include most recent payment made to landlord or leasing agent						
OWNERS TAXES: Owners Federal Tax return including W-2 or 1099 form for the past three years (3)						
THIRD PARTY AGREEMENTS: (such as equipment rental or purchase agreement, lease agreement, management service agreements) and/or franchise agreements (if applicable)						
PROFESSIONAL LICENSE(S): Applicable contractors, professional license(s) and/or permit(s) (if applicable)						

**Small Local Business Enterprise (SLBE)
CERTIFICATION CHECKLIST FOR
BUSINESS STRUCTURE**

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

REQUIREMENT FOR CORPORATION (ONLY)	SP	P	C	LLC	LLP	Included (✓)
OTHER TAX DOCUMENTS: Along with Federal Tax Returns include for the past 5 years: (a) Form 1040 <u>in full</u> for all corporate officers; (b) Form 1120 or 1120S <u>in full</u> , including <u>all schedules</u> for all companies owned in whole or part by all corporate officers.						
CERTIFICATE OF INCORPORATION: Articles of Incorporation, including Amendments						
CORPORATE BY-LAWS						
MINUTES FOR MEETINGS: (a) Organizational meetings; (b) Shareholder meetings for the past 24 months; (c) Board of Directors meetings for the past 24 months						
STOCKS: 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))						
STOCK - LEDGER						
STOCK AGREEMENTS: 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						

REQUIREMENT FOR PARTNERSHIP (ONLY)	SP	P	C	LLC	LLP	Included (✓)
OTHER TAX DOCUMENTS: Along with Federal Tax Returns include: (a) Form 1040 <u>in full</u> (including Schedules B and C for the past five (5) years; (b) Form 1065 <u>in full</u> (Including Schedules K and K-1 for the past five (5) years)						
REPORTS: Employers Quarterly contribution Reports and/or Employers Quarterly Federal Tax						
PARTNERSHIP AGREEMENT: including the following major causes (a) Buy-out rights, (b) Profit sharing plan, (c) Capital contribution agreement						

REQUIREMENT FOR SOLE PROPRIETOR (ONLY)	SP	P	C	LLC	LLP	Included (✓)
OTHER TAX DOCUMENTS: Along with Federal Tax Returns include: Form 1040 <u>in full</u> (including <u>all schedules</u> for the past five (5) years)						
REPORTS: Employers Quarterly contribution Reports and/or Employers Quarterly Federal Tax						

REQUIREMENT FOR LLC, LLP & JOINT VENTURES (ONLY)	SP	P	C	LLC	LLP	Included
OTHER TAX DOCUMENTS: Along with Federal Tax Returns include Form 1065/1120 or 1120S <u>in full</u> (including <u>all schedules</u>) for each joint venture partner for the past five (5)						
ARTICLE OF ORGANIZATION: Limited Liability Articles of Organization, including amendments and/or documents issued by the Secretary of State						
OPERATING AGREEMENTS: Copy of Operating Agreement						

ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF CLAYTON COUNTY

Please upload all supporting documents in the SLBE-MWBE Portal: <https://slbe.claytoncountyga.gov/>