

# COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



## FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, P.O. Box 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
Bid LINE 706-653-4110

Dear Vendor:

Enclosed is a Disadvantaged Business Enterprise (DBE) form. This form is used by the City of Columbus to certify your company as a Disadvantaged Business Enterprise, if applicable. Complete the form in its entirety, ensuring all pages provide accurate and inclusive information. Attach any literature about your company that will further identify qualifications, experience, etc...

All Disadvantaged Business Enterprises (minority owned business) **must clearly** identify the structure of their company as it applies to the questions indicated on page three, Schedule (i) Certification of DBE Eligibility.

Please return the completed Disadvantaged Business Enterprise form to my attention at the address above.

Thank you for your interest in doing business with the Consolidated Government of Columbus, Georgia.

Sincerely,

A handwritten signature in cursive script, appearing to read "Della Adams Lewis".

Della Adams Lewis  
Senior Buyer/DBE Coordinator

## DEFINITIONS

**DISADVANTAGED BUSINESS ENTERPRISE (DBE)** means a Small Business Concern which is at least 51 percent **owned and controlled** by one or more socially and economically Disadvantage Individuals, or for a publicly owned business, at least 51 percent of its stock is **owned and controlled** by one or more socially and economically disadvantaged individuals who own it.

**SMALL BUSINESS CONCERN**, as defined in Section 3 of the Small Business Act and related regulations, including those published in the May 25, 1998 Federal Register as a revision to 13 CFR Part 121. Small business size standards vary by type of industry. Recipients and sub recipients should refer to 13 CFR Part 121 for current standards. In addition to the individual industry size standards, DBE firms will be considered ineligible and so will be graduated from the DBE program if their average annual gross receipts from all sources, including affiliates, over the previous three years exceed \$14 million. Grantees are encouraged to pay particular attention to size stand criteria and note that SBA size standards operate in addition to the \$14 million threshold noted above.

**SOCIALLY AND ECONOMICALLY DISADVANTAGE INDIVIDUALS** are United States Citizens or lawful permanent residents who are **Women** regardless of race or ethnicity; **Black Americans** (origins in the black racial groups of Africa); **Hispanic Americans** (Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture/origin, regardless of race); **Native Americans** (American Indians, Eskimos, or Native Hawaiians); **Asian Pacific Americans** (origins in Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Phillipines, Samoa, Guam, the U.S. Territories of the Pacific, or the Northern Marinas); **Asia-India Americans** (origins in India, Pakistan, or Bangladesh); **Other** groups or individuals found to be disadvantaged by SBA under Section 8 (a) or the Small Business Act.

The City makes a rebuttal presumption that individuals in these groups are socially and economically disadvantaged, and may determine (on a case-by-case basis) that persons not in these groups are socially and economically disadvantaged.

**THE UNDERSIGNED CERTIFIES THAT THIS FIRM IS A DISADVANTAGE BUSINESS (DBE)**

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Signature

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Date

**SCHEDULE (i)  
CERTIFICATION OF DBE ELIGIBILITY**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Type(s) of work done \_\_\_\_\_

Type of business entity (corporation, joint venture, etc.) \_\_\_\_\_

Do you have all necessary business licenses, currently in force? \_\_\_\_\_

Firm's gross receipts for the past three fiscal years:

Fiscal year ends \_\_\_\_\_

FY \_\_\_ \$ \_\_\_\_\_;    FY \_\_\_ \$ \_\_\_\_\_;    FY \_\_\_ \$ \_\_\_\_\_

Bonding Company, if any \_\_\_\_\_ Bonding limit \$ \_\_\_\_\_

- List those owning 5% or more of the firm. Fill in the last two columns and list each major owner's contributions of capital and expertise.

NAME	RACE OR ETHNICITY	SEX M/F	YEARS OF OWNERSHIP	% OWNED	% VOTED

2. List those owners and non-owners responsible for day-to-day management and policy duties in finance, marketing, personnel, purchasing, field supervision, and other project-related areas. Attach briefs on each one's experience and qualifications.

NAME	RACE OR ETHNICITY	SEX M/F	YEARS OF OWNERSHIP	% OWNED	% VOTED

3. Identify anyone listed in items 1 or 2 who is or has been an employee of another firm with an ownership interest in or present business relations (including shared space, equipment, financing, or employees and common ownership) with the named firm.

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4. If this firm or any other with any of the same officers previously received or was denied certifications or participation as a DBE, describe the circumstances and indicate the certifying agency and the date of its approval or denial.

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5. Describe or attach copies of any stock or other ownership options outstanding, as well as any agreements which restrict ownership or control by minority persons.

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Check all that apply to the firm: Section 8(a) Firm \_\_\_\_\_

Woman Owned Business (WBE) \_\_\_\_\_

Other DBE \_\_\_\_\_



**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operation of (Name of Firm) \_\_\_\_\_ as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or, if no prime, directly to the City, current, complete, and accurate information regarding actual work performed on the project, payment therefor, and any proposed changes in any of the foregoing arrangements and to permit the audit and examination of books, records, and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initialing action under Federal and State laws covering false statements.

Note: If, after filing of the Schedule (i) and before the work of this firm is completed on any contract covered by this program, there is any significant change in the information submitted, you must inform the Consolidated Government of Columbus, Georgia of the change through the prime contractor (or directly if you are the prime contractor).

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Corporate Seal  
(Where Appropriate)

Date: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, before me appeared \_\_\_\_\_, to  
me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she  
was properly authorized by \_\_\_\_\_ to execute the affidavit and did so as his or her  
free act and deed. (NAME)

Notary Public: \_\_\_\_\_

Commission expires: \_\_\_\_\_

Seal

**IF THIS AFFIDAVIT IS NOT NOTARIZED THE ENTIRE FORM IS CONSIDERED INCOMPLETE.**

COLUMBUS WATER WORKS COLUMBUS CHAMBER OF COMMERCE  
COLUMBUS CONSOLIDATED GOVERNMENT

**MINORITY PARTICIPATION PROGRAM**

**GENERAL INFORMATION**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**BUSINESS CLASSIFICATION**

Large Business  Black American  
 Small Business  Hispanic American  
 Small Disadvantaged  Asian American  
 Business  Native American  
 Women-Owned Business  Portugese  
 Other Minority Business  White American

Are you certified as a MBE/DBE for any corporation or government agency?  Yes  No  
(If yes, submit documentation)  
Has the business or any principals ever been denied certification by an agency?  Yes  No

**BUSINESS HISTORY**

PERSONNEL  
Year Established \_\_\_\_\_ Number of Employees \_\_\_\_\_ Number of Minority Employees \_\_\_\_\_

**SALES VOLUMES**

Last Year \$ \_\_\_\_\_ 2 Yrs. Ago \$ \_\_\_\_\_ 3 Yrs. Ago \_\_\_\_\_  
Bonding Capabilities: \_\_\_\_\_

**DESCRIBE PRODUCTS AND/OR SERVICES**


**PRODUCTION EQUIPMENT**


**GEOGRAPHIC SERVICE AREA(S) AND BRANCH LOCATIONS**


**REFERENCES**

Corporate Customer	Contact	Phone Number

**PRINCIPLES**

Name	Title	%Ownership	Minority Group

The undersigned hereby certifies that the information provided herein is current, complete and accurate as of this date and that this company is at least 51% controlled and owned by minority individuals. The company also agrees to advise of any significant changes in ownership.

**CERTIFIED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_