

Carol J. Rogers
Director

Clayton County Central Services

7994 North McDonough Street

Jonesboro, Georgia 30236

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CONTRACT COMPLIANCE DIVISION CENTRAL SERVICES DEPARTMENT MINORITY AND WOMAN-OWNED VENDOR RE-CERTIFICATION

Thank you for your interest in becoming re-certified with Clayton County Government, Contract Compliance Division Central Services Division as a **Minority or Women Owned Business Enterprise (M/WBE)**. It is the responsibility of certified **M/WBE's** to submit a Re-Certification Affidavit no later than 45 days prior to the expiration date of your previous certification.

Please complete the attached affidavit, signed and notarized, along with copies of all required documentation, which includes your current business license, most recent two (2) years of business tax returns showing gross receipts, and current office lease. Return all documents to the Contract Compliance Division at the address indicated above. If you haven't previously done so, also provide your Clayton County Vendor Number.

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APPLICATION FOR RE-CERTIFICATION AS A MINORITY OR WOMAN-OWNED BUSINESS ENTERPRISE

Business Name & Address

Mailing Address (if different)

Point of Contact

Type of Business (check one)

- Architect R & D
 Construction Retailer
 Engineering Services
 Hwy Const Wholesaler
 Manufacturer
Other _____

Telephone Number

(____) _____

Cell Number

(____) _____

Fax Number

(____) _____

Email Address

Owner Status (owns 51% or more of
business)

- African American
 Asian American
 Female
 Hispanic American
 Native American

Name of Officers/Owners/Partners:

President _____

Vice President _____

Secretary _____

Treasurer _____

Owner _____

Partner _____

Current Business License Number _____ City or County/State _____

Signature _____ Title _____ Date _____

***ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF CLAYTON COUNTY**

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 M/WBE vendor list.)* _____

Please list 5-digit NIGP codes and descriptions for the services you provide. If more than three codes describe your services, attach a separate sheet. List your primary code first:

NIGP Code (Primary): _____ Description: _____

NIGP Code: _____ Description: _____

NIGP Code: _____ Description: _____

GENERAL INFORMATION

1. Have there been any changes in the ownership or management of the business since the most recent M/WBE certification? _____ Yes _____ No. If yes, please explain changes in detail:

2. Have there been any changes in the type of business being conducted since the most recent M/WBE certification? _____ Yes _____ No. If yes, please list changes in detail.

3. List the first year that this firm was certified with Clayton County as an M/WBE: _____ . Is this the first time that this firm has submitted an application for re-certification?

4. Is this firm certified as a minority or woman-owned business with other M/WBE programs in the Atlanta Metropolitan Area? If so, please list the entities:

**MINORITY AND WOMEN BUSINESS
ENTERPRISE RE-CERTIFICATION AFFIDAVIT**

The undersigned does hereby certify and attest that the statements submitted in their Application for Minority and Woman-owned Business Certification are true to the best of their knowledge, and that should applicant willfully and knowingly subscribe, make, or concur in making any statement required by law in support of this application which is false, said applicant shall be subject to any and all relevant Federal, State and County penalties associated within.

Applicant does hereby understand and acknowledge that the statements and representations made in support of this application shall be submitted to the Clayton County Contract Compliance Division, and that said statement will be relied upon by the County in the administration of the procurement program.

Applicant hereby acknowledges, in light of the foregoing, that they are bound by the requirements of 18U.S.C. 1001 and O.C.G.A. 16-10-20, and that any false statements made in connection with this application will subject them to punishment as set forth in the above-referenced statutes, in addition to being removed from the Clayton County Vendor List and being unable to participate in the procurement process for a time period of no less than three (3) years, to be determined by the Purchasing Agent.

This _____ day of _____, _____

Name

Title

Firm

NOTARY PUBLIC

_____ County, Georgia

My Commission Expires on

APPENDIX "A"
Minority/Woman Business Enterprise (M/WBE)
RE-CERTIFICATION CHECKLIST
(Minimum Documents Required for All Applicants for
Re-Certification)

The Minority/Woman-Owned Business Re-Certification 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. **Re-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); or Limited Liability Company (LLC); 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 | Included (✓) |
|--|----|---|---|-----|--------------|
| Birth certificate and a Picture I.D.; or 2.) Passport | X | X | X | X | |
| Copy of current business license which shows the company is located in the Metropolitan Statistical Area (MSA) | X | X | X | X | |
| Copy of lease, rental or management agreement for business premises, including local business phone number | X | X | X | X | |
| Signed Federal Corporate or Business Tax Returns for the past two (2) years including all schedules all schedules | | | | | |
| Copies of all certification and denial of certification letters (if applicable) | X | X | X | X | |
| Equipment and vehicles owned or available (include description of equipment, year acquired, and current value) | 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 | |
| Third-party agreements (such as equipment rental or purchase agreement, lease agreement, management service agreements) &/ or franchise agreements | X | X | X | X | |
| Applicable contractors, professional license(s) and/or permit(s) | X | X | X | X | |