



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

Dear SLBE Vendor:

Thank you for your interest in becoming re-certified with Clayton County Government, Contract Compliance Division, Central Services Division as a **Small Local Business Enterprise (SLBE)**. It is the responsibility of certified SLBEs 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 a copy of your current business license, most recent 3 years of business tax returns showing gross receipts, current office lease, current Personal Financial Statement and return to the Contract Compliance Division at the address indicated above. Also provide your Clayton County Vendor Number if you haven't previously done so.

Direct all questions to the Contract 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**

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 SLBE 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 SLBE 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 SLBE certification? ____ Yes ____ No. If yes, please list changes in detail. _____

3. Applicant Firm’s Annual Gross Receipts for previous three years: **(DO NOT LEAVE BLANK- INCLUDE FIRM TAX RETURNS FOR PAST 3 YEARS)**

Year	Annual Gross Receipts

4. (a) Are you currently bidding on a contract for Clayton County? Yes No
 If yes, indicate name of bid, RFP or invitation number. _____

(b) 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: _____

5. Do you have relatives or family members employed with Clayton County? Yes No
 If yes, do they work with or have an interest in your business? Please explain:

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

7. Is this firm certified as a small business with other small business programs in the Atlanta Metropolitan Area? If so, please list the entities:_____

A Personal Financial Statement is attached as Exhibit "A." A MANDATORY LIST OF DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION IS ATTACHED AS **EXHIBIT "B"**.

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

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 standards as defined pursuant to 13 C.F.R. §121.201 et seq. Further, that the individual owner(s) of the applicant firm do(e)s not possess a personal net worth that exceeds \$750,000, 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 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 in order to verify 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)

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

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.)

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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.)

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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 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 B
Small Local
Business Enterprise
(SLBE) Re-
CERTIFICATION
CHECKLIST**

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

Name of Applicant Firm

The Small Local Business Enterprise (SL BE) 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. **Certification packages must be neat and legible and returned in the order listed below. Please include this Checklist in front of your supporting documents.**

All documents must be returned in the order listed

Required Documents for All Applicants	SP	P	C	LLC	LLP	Included (✓)
1.) Birth certificate and a Picture I.D.; or 2.) Passport	X	X	X	X	X	
Copy of current business license which shows the company is located in one of the following counties: <i>Clayton, DeKalb, Fayette, Fulton, Henry, or Spalding.</i> You must have a business license for one year prior to submission of your application	X	X	X	X	X	
Copy of lease, rental or management agreement for business premises, <i>including local business phone number</i>	X	X	X	X	X	
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 Appendix “A”)	X	X	X	X	X	
Copies of all certification and denial of certification letters (if applicable)	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	
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	