**Complete if DOTD-DBE certified**

|  |
| --- |
| For information or assistance regarding East Baton Rouge School System Fair Share Certificationcontact Fair Share Coordinator, East Baton Rouge Parish School System, 2550 Bogan Walk, Room 115, Baton Rouge, LA 70802 Phone: 225.226.3725, Email: JSmith12@ebrschools.org**Mail application and requested documents to address or email listed above** |

|  |
| --- |
| **Business Information** |
| Name of Business/Year Established |  |
| Contact Person/Title |  |
| Business Street Address |  |
| City/State/Zip Code/Parish |  |
| Business Mailing Address (If different from above) |  |
| Telephone Number/Cell Number |  |
| Fax Number |  |
| Email Address/Website |  |
| Occupational License# |  |
| Main Product(s) or Service(s) |  |
| Number of Employees (Include Owners) |  |

### Is the owner(s) employed by EBRPSS or does the owner(s) have an immediate family member employed by EBRPSS? \_\_\_\_yes \_\_\_\_no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *Note: If yes, this will not exclude you from the program, however, the information must be disclosed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Majority Ownership Held By (Check ALL That Apply)** | African American □ | Asian or Indian □ | Hispanic □  | Minority □ | Women □ |
| Small Business Owner □ | Other □ |
|  |
| Current Certifications (Check All That Apply with Expiration Date) |
| Minority owned and Women owned Business Enterprise (MWBE) | Disadvantaged Business Enterprise (DBE) | Fair Share Certified (FSC) | Other |
|  |  |  |  |

**\*\*COPY OF CURRENT CERTIFICATION(S) MUST BE ATTACHED\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Two Most Recent Customers/Suppliers | Address/Phone | Scope of Work Performed | Contract Amount | Year | (\*) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(\*) Indicate whether you were: (P) Prime Contractor, (J) Joint Venture or (SUB) Subcontractor

|  |
| --- |
| Are there any judgments, claims, arbitration proceedings or suits pending that are outstanding against your company? If yes, please explain. □ Yes □ No  |
| Name of Bonding Company:  |
| Bonding Agent: Phone: |
| Address:  |

**AFFIDAVIT**

**as a**

**Minority owned Business Enterprise (MBE) and/or Women owned Business Enterprise (WBE)**

The undersigned also swears that he/she is the duly authorized representative of the business entity identified herein and that the foregoing statements, including statements and data provided herein, are correct, true, and include all material information necessary to identify and explain the operations of the company identified as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as well as to attest to its ownership as a Minority owned or Women owned Business Enterprise.

The undersigned certifies that the parties concerned have read and meet the eligibility requirements necessary for certification with the East Baton Rouge Parish School System and the Fair Share Program. Further, the undersigned understands that false statements, omissions, or material misrepresentations will be grounds for denial of certification, de-certification, and/or termination of participation in the Fair Share Program. The undersigned further agrees to provide East Baton Rouge Parish School System additional information which is deemed by East Baton Rouge Parish School System to be necessary to make an accurate assessment of undersigned’s eligibility as a Minority owned or Women owned Business Enterprise. If there should be any change in ownership or control of this firm, or in any other information submitted, the undersigned agrees to notify the East Baton Rouge Parish School Board immediately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print or type) Title

**SWORN TO AND SUBSCRIBED** before me, Notary, this \_\_\_\_\_\_\_\_\_\_day

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY