**Complete if not DOTD-DBE certified**

|  |  |
| --- | --- |
| For information or assistance regarding East Baton Rouge School System Fair Share Certification contact  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](mailto: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.*

|  |  |
| --- | --- |
| **Gross Sales/Revenue – Expenses = Net Profit/Loss (Provide last three years)** | |
| FY\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FY\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FY\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Total Business Assets$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total Business Liabilities$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Business Net Worth$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ownership Information for Each Owner** | | | | | |
| Name/Duties | Citizenship | Sex & Ethnicity | % Ownership | % Voting | Personal Net Worth\* **$\_\_\_\_\_\_\_\_\_\_\_\_** |
| Name/Duties |  |  |  |  | Personal Net Worth\* **$\_\_\_\_\_\_\_\_\_\_\_\_** |
| Name/Duties |  |  |  |  | Personal Net Worth\* **$\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***\*Personal Net Worth – Excluding value of primary residence (See Personal Net Worth Worksheet)*** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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

**Copies of the following documents must be attached:**

1. \_\_\_\_ Resume of each owner & Driver’s License
2. \_\_\_\_ 3 years personal tax returns of each owner
3. \_\_\_\_ Licenses/Certificates/Permits to do business
4. \_\_\_\_ Articles of Incorporation and/or other business agreements that affect ownership

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Legal Structure** | Sole Proprietorship □ | Limited Liability Co. (LLC) □ | Partnership □ | Corporation □ | S Corporation □ |

### Capabilities: Please refer to <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017> for the North American Industry Classification System (NAICS) codes. In the first and second columns, list any NAICS code numbers and the NAICS descriptions that apply to your business. Under Business Capability clearly identify the products or services in which the qualifying individual has expertise and control. (See example in first row)

|  |  |  |
| --- | --- | --- |
| **NAICS Code No.** | **NAICS Description** | **Business Capability** |
| **Example:** 238320 | Painting and Wall Covering Contractors | Commercial painting, interior only; wallpaper hanging, texture application |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| 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: |

**Personal Net Worth Worksheet**

**For Calculation Purposes Only**

ASSETS (What you own)

|  |  |
| --- | --- |
|  | Amount |
| Cash in Banks | $ |
| Mutual and/or Money Market Funds | $ |
| Other Stock/Bond Investments | $ |
| Real Estate**\*** | $ |
| Automobile(s) | $ |
| Retirement Plans (IRA, 401k, etc.) | $ |
| Other Assets | $ |
| Total Assets | $ |

LIABILITIES (What you owe)

|  |  |
| --- | --- |
|  | Amount |
| Car Loan(s) | $ |
| Equity Loan | $ |
| Credit Cards  □ VISA/MASTERCARD/DISCOVER □ AMERICAN EXPRESS | $ |
| Real Estate Mortgage**\*** | $ |
| Other Debts | $ |
| Total Liabilities | $ |

### Personal Net Worth (Total Assets – Total Liabilities) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Excluding Primary Residence**

**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 (printed or typed) Title

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

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

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

NOTARY