B-1

SHELBY COUNTY GOVERNMENT

ENGINEERING DEPARTMENT

EOC CONTRACT COMPLIANCE

BOARD OF COMMISSIONERS OF SHELBY COUNTY

OFFICE OF EQUAL OPPORTUNITY COMPLIANCE

Dear Vendors/Contractors:

Please complete the enclosed Contract Compliance Status Report and return these documents to the Office of Equal Opportunity Compliance, 160 N. Main, Suite 969, Memphis, TN 38103.

In order to insure timely certification, make sure all relevant information is included. Incomplete forms will be returned delaying your certification.

If you have any questions concerning this matter please contact Doris Vester-Mickens at 545-4336.

Thank you for your continued cooperation in these matters.

Sincerely,

Carolyn S. Watkins, Administrator

CSW:dvm

Enclosure

SUITE 969 - 160 N. MAIN STREET, MEMPHIS, TENNESSEE 38103 (901) 545-4336 FAX (901) 545-3473

SHELBY COUNTY GOVERNMENT
OFFICE OF EQUAL OPPORTUNITY COMPLIANCE
CONTRACT COMPLIANCE PROGRAM

INSTRUCTIONS TO BIDDERS

Consistent with Article V, Section 5.13 B (5) and (6) of the Home Rule Charter and the Shelby County Board of Commissioners Resolution 12, adopted May 9, 1983 as amended by Resolution Contract Compliance Program for Shelby County Government.

You are advised that the following procedures have been instituted in order to fulfill these responsibilities.

A. All firms, regardless of number of employees must PRE-Qualify for an EOC Contract Compliance Eligibility Number PRIOR to submission of a bid for a contract.

B. TO RECEIVE AN EOC CONTRACT COMPLIANCE ELIGIBILITY NUMBER. THE FOLLOWING STEPS MUST BE TAKEN AT LEAST 48 HOURS PRIOR TO BID OPENING. IN THE EVENT THAT A BID OPENING IS SCHEDULED FOR MONDAY OR THE DAY FOLLOWING A HOLIDAY, ALL MATERIALS MUST BE RETURNED TO THIS OFFICE 48 HOURS PRIOR TO THE LAST WORKING DAY.

1. Secure a Contract Compliance Packet from EOC in Room 969, 160 North Main. For information and assistance in these procedures, contact the Contract Compliance Officer.

2. Return requested information to EOC by the time specified in item B above, for review of compliance with standards of Resolution 17.

3. Secure a Contract Compliance Certification Number.

4. Mark your firm's Eligibility Certification Number on each bid envelope submitted.

For VENDORS, unless stipulated on the Contract Eligibility Report, certification numbers are valid for a period of TWELVE MONTHS after which a review will be necessary. THE FIRST THREE/FOUR DIGITS OF ELIGIBILITY NUMBER INDICATE THE MONTH AND YEAR OF EXPIRATION.

For CONSTRUCTION projects estimated to be BELOW two hundred and fifty thousand ($250,000), a Contract Compliance Number is valid for a period of SIX MONTHS. For construction projects estimated to be two hundred and fifty thousand ($250,000) and ABOVE, a Contract Compliance Certification Number must be obtained for each bid submitted.

Please feel free to call our office at (901) 545-4336 for any assistance you may need as we implement this phase of Shelby County Government's Equal Opportunity Compliance Program.

Revised 3/23/92

SHELBY COUNTY GOVERNMENT HOME RULE CHARTER
ARTICLE V – SECTION 5.13 EQUAL OPPORTUNITY

SECTION 5.13. EQUAL OPPORTUNITY.

A. The Board of County Commissioners and the County Mayor shall take all actions necessary to assure the continued implementation of all rules, regulations and guidelines promulgated by the Equal Opportunity Commission, The Department of Labor, or other such competent authority that are applicable to insuring fair employment practices. The Administrator of the appropriate office of the Board of County Commissioners designated to carry out this function shall be elected by the Board of Commissioners pursuant to section 2.03(D) and (E) and shall be subject to termination by resolution of the Board of County Commissioners.

B. The duties of this administrator shall include all those established by resolution and shall include, but not be limited to, the following:

(1) Review and implementation of fair employment practices, as specified by Equal Employment Opportunity Commission guidelines, in all departments of County Government;

(2) Update and monitor an effective affirmative action program;

(3) Investigate claims and complaints of discriminatory practices arising in County Government departments;

(4) Design, implement and monitor programs to increase minority business participation in the letting of County contracts;

(5) Review all proposed contracts in which County funds are expended to insure that non-discriminatory employment practices are being executed on all levels of employment as specified by Equal Employment Opportunity Commission and Labor Department regulations;

(6) The administrator shall have the power to require each firm or business contracting with the County to submit with their proposals and/or bid statistics revealing the percentage and number of minorities at all levels of said firm or business;

(7) Such other duties as may be required by the Board of County Commissioners.

Approved August 2, 1984.
Effective September 1, 1986

RESOLUTION NO. 17
October 20, 1986

STANDARDS BY WHICH THE ADMINISTRATOR OF THE EQUAL OPPORTUNITY COMPLIANCE OFFICE DETERMINES WHICH FIRMS WITH FIFTEEN (15) OR MORE EMPLOYEES WILL BE ELIGIBLE TO BID ON COUNTY CONTRACTS

WHEREAS, the Board of Commissioners of Shelby County Government has heretofore through various resolutions taken action to assure that the County of Shelby is an "Equal Opportunity Employer"; and

WHEREAS, The Shelby County Charter, Article V, Section 5.13(B)(G) gives the Administrator of Equal Opportunity Compliance Office the power, among other things, to require that each firm or business contracting with the County, submit with their proposals and/or bids, statistics revealing the percentage and number of minority employees at all levels of said firm or business; and

WHEREAS, it has been determined by the Board of Commissioners from the information gathered by the Administrator of the Equal Opportunity Compliance Office that the percentage of minority employment in many firms with fifteen (15) or more employees that contract with the County does not approximate the percentage of minority population in the civilian labor force in the firm's geographical area; and

WHEREAS, it is now the desire of the Board of Commissioners to require that firms that contract with the County have employment profiles that reflect the demography of the civilian labor force in their geographical area as determined by the Standard Metropolitan Statistical Area established by the Office of Management and Budget of the United States Government.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, that the following procedures shall be used by the Administrator of Equal Opportunity Compliance to determine when and under what circumstances a firm with fifteen (15) or more employees should be considered an equal opportunity employer that should be allowed to bid on County contracts.

BE IT FURTHER RESOLVED, that the standard for determining whether a firm with fifteen (15) or more employees is an equal opportunity employer that should be allowed to bid on County contracts shall be the percentage of minorities in the civilian labor force in the firm's geographical area as established by the Standard Metropolitan Statistical Area (SMSA) compiled by the Office of Management and Budget of the United States Government.

BE IT FURTHER RESOLVED, that a firm that is within 90% of compliance with the minority SMSA shall be considered an equal opportunity employer eligible to bid.

BE IT FURTHER RESOLVED, that a firm that is within 80% of compliance with the minority SMSA shall be considered an equal opportunity employer eligible to bid only upon the submission of an affirmative action plan satisfactory to the Administrator of Equal Opportunity Compliance.

BE IT FURTHER RESOLVED, that a firm that is within 50% of compliance with the minority SMSA shall be considered an equal opportunity employer eligible to bid only upon a showing of extenuating circumstances and the submission of an affirmative action plan satisfactory to the Administrator of Equal Opportunity Compliance.

BE IT FURTHER RESOLVED, that a firm that is within less than 50% of compliance with the minority SMSA shall not be considered an equal opportunity employer eligible to bid on County contracts by the Administrator of Equal Opportunity Compliance.

BE IT FURTHER RESOLVED, that notwithstanding the presence of a percentage of minority employees in a firm equal to the minority SMSA for that firm's geographical area, overrepresentation of minorities in lower paying jobs or underrepresentation in other categories may be a basis for a determination by the Administrator of Equal Opportunity Compliance, that said firm is not an equal opportunity employer.

BE IT FURTHER RESOLVED, that any determination made by the Administrator of Equal Opportunity Compliance pursuant to the procedures set forth herein shall be subject to an Administrative appeal process which shall be established by the Office of the Chairman of the County Commission.

BE IT FURTHER RESOLVED, that this resolution shall take effect upon its approval, the public welfare requiring it.

DESCRIPTION OF JOB CATEGORIES

Officials and managers – Occupations requiring administrative personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of a firm's operations. Includes: officials, executives, middle management, plant managers, department managers, superintendents and salaried foreman who are members of management, purchasing agents, buyers and kindred workers.

Professionals – Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background. Includes: accountants and auditors, airplane pilots and navigators, architects, artist, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, personnel and labor relations workers, physical scientists, physicians, social scientists, teachers and kindred workers.

Technicians - Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years if post high school education, such as is offered in many technical institutes and junior colleges, or through equivalent on-the-job training. Includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematical aides, licensed, practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science), and kindred workers.

Sales – Occupations engaging wholly or primarily in direct selling: Includes: advertising agents and sales workers: Insurance agents and brokers, real estate agents and brokers, stock and bond sales workers, demonstrators, sales workers and sales clerks, grocery clerks and cashier-checkers, and kindred workers.

Office and clerical - Includes all clerical-type work regardless of level of difficulty, where the activities are predominately non-manual though some work not directly involved with altering or transporting the products is included. Includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, and kindred workers.

Craft Workers (skilled) – Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgement and usually receive an extensive period of training. Includes: the building trades, hourly paid supervisors and lead operators who are not members of management, mechanics and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, and tailors. And kindred workers

Operatives (semiskilled) – Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. Includes: apprentices (auto mechanics, plumbers, bricklayers, carpenters, electricians, machinists, mechanics building trades, metalworking trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dressmakers and seamstresses (except factory), dryers, furnace workers, heaters (metal), laundry and dry cleaning operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, stationary firefighters, truck and tractor drivers, weavers (textile), welders. Flamecutters and kindred workers.

Laborers (unskilled) – Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgement. Includes: garage laborers, car washers and greasers, gardeners (except farm) and groundskeepers, stevedores, wood choppers, laborers performing lifting, digging, mixing loading and pulling operations, and kindred workers.

Service workers – Workers in both protective and non protective service occupations. Includes: attendants (hospital and other institutions, professional and personal service, including nurses aides and orderlies), barbers, charworkers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection, guards, doorkeepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred workers.

SHELBY COUNTY GOVERNMENT
OFFICE OF EQUAL OPPORTUNITY COMPLIANCE
CONTRACT COMPLIANCE STATUS REPORT

Special Sealed Bid # _____
(For construction projects over $250,000.00)

Company Name _____
Address _____
City _____ *ST* _____ *Zip* _____ _____
Phone _____
Type _____ *County* _____

This firm type is: Independently Owned and Operated, Affiliated, Division, Minority Business Enterprise, Franchise, or Subsidiary

Firm Type: _____ *Business Activity* _____

Please list all subsidiaries, divisions and affiliates that will be using this EOC number. Employment figures must be included if other offices will be using same EOC Number

_____
_____
_____
_____

Parent Company Name _____
Parent Company Address _____ *ST* _____ *Zip* _____
Parent Company City _____ *County* _____
Parent Company Phone _____

Has this firm been previously certified to bid on county contracts by the Shelby County Office of Equal Opportunity Compliance? (Check box for yes) *Compliance* ☐ *EOCNo:*

Has this firm ever been certified under any other name? OtherName _____

The following must be completed and submitted with this status report:

Exhibit A: Employment statistics to include the number of minority and female employees from all offices submitting bids. Federal EEO-1 Report my be submitted; however, Exhibit A must be completed. Mark an X below if statistics reflect national or more than one employment area. ☐ *National*

Exhibit B: A statement of policies and action steps your firm will take to assure measurable yearly improvements in hiring, training, and promoting of minorities and females at all levels.

Exhibit C: Principal Owners Information

Please return to:
Shelby County Government
Office of Equal Opportunity Compliance
160 N. Main Street, Suite 969
Memphis, Tennessee 38103

SHELBY COUNTY GOVERNMENT
OFFICE OF EQUAL OPPORTUNITY COMPLIANCE
CONTRACT COMPLIANCE STATUS REPORT

	Employees	White	African American	Hispanic	Asian P Isla	Other	White	African American	Hispanic	Asian Pacific Islander	Other
ficials and Managers											
Professionals											
Technicians											
Sales Workers											
Office and Clerical											
Crafts workers (Skilled)											
Operative (Semi-Skilled)											
Laborers (Unskilled)											
Service Workers											
Totals											

1 How was the above information as to race or ethnicity established?
[ ] A) Visual Survey [ ] B) Employee Records

Please lis t the date for employment information reported_____
[ ] Other: Specify_____

Race/Ethnic Identification

The Concept of race used by the Equal Employment Opportunity Commission does not denote clear-cut-scientific definitions of anthropological origins. For the purpose of this report an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However no person should be counted in more than one race/ethnic category.

NOTE: The Category "HISPANIC" while not a race identification is included as separate race/ethnic category because of the employment discrimination often encountered by this group; for this reason do not include HISPANIC under either "white" or "black"

For the purpose of this report the following race/ethic categories will be used:

a) The Category "White" (not of Hispanic origin): All persons having origins in any of the original peoples of Europe North Africa or Middle East.
b) The Category "African American": All persons having origins in any of the original peoples of Africa
c) The Category "Hispanic": All persons of Mexican, Puerto Rican, Cuban Central or South American or other Spanish culture regardless of race
d) The Category "Asian or Pacific Islander": All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, and Samoa
e) The Category "American Indian or Alaskan Native": All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation community recongnition

Source: Bureau of the Census

SHELBY COUNTY GOVERNMENT
OFFICE OF EQUAL OPPORTUNITY COMPLIANCE
CONTRACT COMPLIANCE STATUS REPORT

EXHIBIT B

STATEMENT OF POLICY ON EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION

It has been the policy of this firm to consider each applicant for employment on the basis of his or her qualifications for the job and without regard to race, color, creed, sex, age, national origin, or physical handicap not related to job requirement.

To give all employees equal consideration with respect to compensation, benefits, and the opportunity to progress without regard to race, color, sex, age, national origin or physical handicap.

In order to reaffirm this policy, this firm subscribes to the following principles: this firm will continue and extend its efforts to recruit, hire, train, and promote individuals without regard to race, color, creed, sex, age, national origin, or handicap not job related.

All decisions on employment must be based on the principle of equal employment opportunity with reliance only on valid requirements for promotional opportunities.

All personnel actions including, but not limited to those relating to compensation, benefits, transfers, lay offs, company sponsored training, and tuition assistance programs are to be administered without regard , color, creed, sex, age, national origin, or physical handicap.

All employees are encouraged to use company facilities and participate in all programs sponsored by this company.

Any employee or job applicant may appeal directly to _____

for review of any action which he or she believes does not conform to these principles.

All members of this firm's management are familiar with this statement of policy and the philosophy behind it, and their responsibilities to apply these principles in good faith for meaningful progress in the utilization of minorities and females.

I hereby certify that the employment data contained in this status report is the correct information.

Accordingly, I further agree to meet the current minimum Affirmative Action goals submitted herewith. In the event that there is an expansion of this firm's work force, I agree to comply with the requirements of Shelby County Government's Board of Commissioners' Resolution #17 of May 9, 1983.

Name _____ *Title* _____

Signature _____ *Date* _____

C *any Name* _____

SHELBY COUNTY GOVERNMENT
OFFICE OF EQUAL OPPORTUNITY COMPLIANCE
CONTRACT COMPLIANCE STATUS REPORT

List the principal individual of this business entity (President, Vice President, Secretary, Treasurer, Etc.)

Name	*Title*	*Sex/Race*	*Percentage of Ownership*	*Date Ownership was Obtained*

B-2

SHELBY COUNTY GOVERNMENT

ENGINEERING DEPARTMENT

LOSB REQUIREMENTS

BOARD OF COMMISSIONERS OF SHELBY COUNTY

OFFICE OF EQUAL OPPORTUNITY COMPLIANCE

Dear Vendors/Contractors:

If you wish to be certified as a Locally Owned Small Business (LOSB), please complete the enclosed forms and return them to the Office of Equal Opportunity Compliance, 160 N. Main Ste. 969, Memphis, TN 38103.

If your company has a current EOC certification number, you need not complete the Contract Compliance Status Report.

In order to insure timely certification, make sure all relevant information is included. Incomplete forms will be returned delaying your certification.

If you have, any questions concerning this matter please contact Carolyn Watkins at 545-4336.

Thank you for your continued cooperation in these matters.

Sincerely,

Carolyn S. Watkins, Administrator

CSW:dvm

Enclosure

SUITE 969 - 160 N. MAIN STREET, MEMPHIS, TENNESSEE 38103 (901) 545-4336 FAX (901) 545-3473

INTRODUCTION

Shelby County Government has introduced a Locally-Owned Small Business (hereinafter referred to as LOSB) program which is designed to enable locally-owned small businesses to compete with larger businesses in bidding on County contracts for goods and services.

QUALIFICATIONS

To participate in the LOSB program, a business must be certified by Shelby County Government Office of Equal Opportunity Compliance (EOC).

To qualify as a LOSB, a business must meet the following criteria:

A. LOSB shall mean a sole proprietorship, corporation, partnership, joint venture or any other business or professional entity which has average annual sales in the past three years of five million dollars ($5,000,000.00) or less.

B. A business net work not exceeding Five Million Dollars ($5,000,000.00) and an owner net worth not exceeding One Million Dollars ($1,000,000.00). The said net worth of the business and the owner shall be compiled by a Certified Public Accountant in accordance with general accepted accounting practices and submitted to the County.

C. The entity must be at least 51% owned, operated and controlled by a Shelby County resident and confined within the boundaries of Shelby County, TN.

D. The entity must comply with current EOC eligibility requirements.

Failure of a business to meet these requirements will result in that business being ineligible to participate in the LOSB program. However, your company may still qualify for an EOC certification number.

If a firm disagrees with the decision of EOC, it may appeal to The Shelby County Board of Commissioners. The decision of the Board or designee shall be final.

RULES AND REGULATIONS

The following rules and regulations shall govern the LOSB program. Please note the provisions of paragraph (E) which allows for the adoption or amendment of rules and regulations governing this program. Any such changes shall be published and available from the Shelby County Office of Equal Opportunity Compliance.

A. On all purchases and/or contracts entered into by the County, the County shall have the right to negotiate with any supplier of goods or services to the County for the inclusion of small business subcontractors and/or suppliers in the contract award.

B. Any small business awarded a contract or purchase order under this section shall not sublet, subcontract or assign any work or services awarded to it without the prior written consent of the County.

C. As to those purchases below the sealed bid amount of twenty-five thousand dollars ($25,000) or less, the Administrator of Purchasing shall determine if any small business offers that product or service. If so, at least two such eligible locally-owned small businesses shall be included in the vendors contacted for an opportunity to bid.

D. The Administrator of Purchasing, upon approval of the County Mayor, may establish special insurance and bonding requirements for certified small businesses so long as they are not in conflict with the laws of the State of Tennessee.

E. The Administrator of Purchasing, with the approval of the County Mayor, shall adopt and promulgate and may from time to time amend the rules and regulations not inconsistent with the provisions established by ordinance, governing the purchase of goods and services from small business concerns to effectuate and implement the LOSB purchasing program within the intent of the ordinance.

F. The Administrator of EOC shall, in conjunction with the Administrator of Purchasing, provide a written quarterly report to the Mayor and Board of Commissioners which shall include a summary of purchases selected for this program, a listing of the contracts awarded to small businesses for the period, the dollar amount of each such contract, and the percentage which such contracts bear to the total amount of purchases for the period.

ELIGIBILITY FOR LOSB PURCHASING PROGRAM

I. In order to qualify for consideration as a supplier or contractor for any portion of supplies, equipment and services established and identified under this section, the business defined herein shall:

A. Complete and submit all necessary forms for eligibility certification to the Administrator of EOC at least thirty (30) days prior to the submittal of any bids or quotes on County purchases under this section. The company must qualify for an EOC number in order to qualify for an LOSB number (Complete Exhibit A). NOTE: LOSB applicants who are ineligible due to employment statistics but successfully appeal to the appeals board will be eligible to receive an EOC certification number. LOSB applicants who receive an exception will not be eligible to bid as an LOSB.

B. Submit a written request for annual re-certification in compliance with the rules set forth above. The County may at any time, not more than quarterly, request additional information to determine whether a small business has exceeded the dollar limit.

C. The County may decertify or disqualify at any time any small business that is in non-compliance with any of the provisions of this program.

II. EOC will review the information submitted and other information deemed necessary to make a determination of eligibility. Within fifteen (15) days of the receipt of the required information, EOC will advise the applicant in writing as to its eligibility.

III. If EOC determines that the business is not eligible, written communication to the business shall include a detailed statement of the reasons for ineligibility.

IV. Any business that is in non-compliance must petition EOC for a review of this decision within ten (10) days of their receipt of notification of ineligibility. If after review by EOC, eligibility is still denied, such business may submit the matter to The Shelby County Board of Commissioners or designee for an independent review and determination. The decision of the Board or designee shall be final.

DEFINITIONS

I. "Business" shall mean and include individuals, sole proprietorships, unincorporated groups or associations, partnerships, corporations, joint ventures and every other form of business entity.

II. "Goods and services" shall mean and include supplies, materials, commodities, equipment, labor, rental or lease of supplies, materials, commodities and equipment.

III. "Joint Ventures and consortiums" shall mean those business entities that are formed to contract with Shelby County Government through the LOSB program. These entities shall have written agreements which demonstrate that the eligible small business as defined therein has a beneficial ownership interest of no less than fifty-one percent (51%) and shall be involved in the daily management and control of the project.

A. If the business is an unincorporated group, association or partnership, a copy of the association agreement or partnership agreement must be submitted along with a copy of the business license.

B. If the business is a corporation, a copy of the corporation charter and a copy of the business license must be submitted.

C. If the business is a joint venture, a copy of the joint venture agreement and a copy of the business license must be submitted.

Equal Opportunity Compliance

Company Details

id Number: I0900473 CONGESTION MANAGEMENT PROGRAM, SET 3

Company Name: WHITE CONTRACTING, INC. **CID: 17224**

Other name (DBA):
Company Type: Contractor
Vendor Number:
Owner Code: WM
Commodity: Construction
Firm Type: Independent
Certified: Eoc-Cc-199-028
County: MEMPHIS-TN-AR-MS, TN: 42.90%
Phone: 901-755-3700 Fax: EMail:
KnowAs:
EnteredBy:
Additional Notes:
DateEntered:
EditBy: Enter
DateEdit:

Compliance History

Compliance Date 03/10/2009 ☐ Compliance
Compliace Code A ☐ Certificate
EOC Number: EOC-C-0909-14454
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 3/10/2009
Expires: 9/30/2009 **Current**
Status:
Survey Number: 0

Compliance Date 09/10/2008 ☐ Compliance
Compliace Code A ☐ Certificate
EOC Number: EOC-C-0309-13457
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 9/10/2008
Expires: 3/31/2009 **Expired**
Status:
Survey Number: 0

Compliance Date 03/12/2008 ☐ Compliance
Compliace Code A ☐ Certificate
EOC Number: EOC-C-0908-12516
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 3/12/2008
Expires: 9/30/2008 **Expired**
Status:
Survey Number: 0

Equal Opportunity Compliance

Company Details

id Number: I0900473 CONGESTION MANAGEMENT PROGRAM, SET 3

Company Name: WHITE CONTRACTING, INC. CID: 17224

Compliance Date	09/11/2007		☐ Compliance
Compliace Code	A		☐ Certificate
EOC Number:	EOC-C-0308-11840		
Number:		Last Edited By:	doris.vester
Percent:		Date Last Edited:	9/11/2007
Expires:	3/31/2008	**Expired**	
Status:			
Survey Number:	0		

Compliance Date	03/07/2007		☐ Compliance
Compliace Code	A		☐ Certificate
EOC Number:	EOC-C-0907-10891		
Number:		Last Edited By:	doris.vestermickens
Percent:		Date Last Edited:	3/7/2007
Expires:	9/30/2007	**Expired**	
Status:			
Survey Number:	0		

Compliance Date	09/07/2006		☐ Compliance
›mpliace Code	A		☐ Certificate
EOC Number:	EOC-C-0307-10348		
Number:		Last Edited By:	doris.vestermickens
Percent:		Date Last Edited:	9/7/2006
Expires:	3/31/2007	**Expired**	
Status:			
Survey Number:	0		

Compliance Date	03/31/2006		☐ Compliance
Compliace Code	A		☐ Certificate
EOC Number:	EOC-C-0906-09856		
Number:		Last Edited By:	doris.vestermickens
Percent:		Date Last Edited:	3/31/2006
Expires:	9/30/2006	**Expired**	
Status:			
Survey Number:	0		

Equal Opportunity Compliance

Company Details

id Number: I0900473 CONGESTION MANAGEMENT PROGRAM, SET 3

Company Name: WHITE CONTRACTING, INC. CID: 17224

Compliance Date	09/01/2005		☐ Compliance
Compliace Code	A		☐ Certificate
EOC Number:	EOC-C-0306-09339		
Number:		Last Edited By:	dmickens
Percent:		Date Last Edited:	9/1/2005
Expires:	3/31/2006	**Expired**	
Status:			
Survey Number:	0		

Compliance Date	03/10/2005		☐ Compliance
Compliace Code	A		☐ Certificate
EOC Number:	EOC-C-0905-08736		
Number:		Last Edited By:	dmickens
Percent:		Date Last Edited:	3/10/2005
Expires:	9/30/2005	**Expired**	
Status:			
Survey Number:	0		

Compliance Date	09/14/2004		☐ Compliance
›mpliace Code	A		☐ Certificate
EOC Number:	EOC-C-0305-08270		
Number:		Last Edited By:	dmickens
Percent:		Date Last Edited:	9/14/2004
Expires:	3/31/2005	**Expired**	
Status:			
Survey Number:	0		

Compliance Date	03/30/2004		☐ Compliance
Compliace Code	A		☐ Certificate
EOC Number:	EOC-C-0904-07615		
Number:		Last Edited By:	dmickens
Percent:		Date Last Edited:	3/30/2004
Expires:	9/30/2004	**Expired**	
Status:			
Survey Number:	0		

Equal Opportunity Compliance

Company Details

id Number: I0900473 CONGESTION MANAGEMENT PROGRAM, SET 3

Company Name: WHITE CONTRACTING, INC. **CID: 17224**

Compliance Date	09/23/2003	☐ Compliance	
Compliace Code	A	☐ Certificate	
EOC Number:	EOC-C-0304-07095		
Number:		Last Edited By:	dmickens
Percent:		Date Last Edited:	9/23/2003
Expires:	3/31/2004	**Expired**	
Status:			
Survey Number:	0		

Compliance Date	02/26/2003	☑ Compliance	
Compliace Code	A	☑ Certificate	
EOC Number:	EOC-CC-0903-05731		
Number:		Last Edited By:	Dmickens
Percent:		Date Last Edited:	2/26/2003
Expires:	9/30/2003	**Expired**	
Status:			
Survey Number:	5484		

Contacts:

ontact First Name:		Active Contact	
Contact Last Name:		Entered By:	Legacy Data
Contact Title:	MELODY A. WHITE, SEC./TREAS.	Date Entered:	8/17/2003
Contact Phone:	9017553700	Last Edited By:	
Contact Date:	02/10/1999	Edit Date:	
Contact Notes:			

Mailing Addresses:

Address:	9408 Macon Road		
MailCity:	Cordova	ST: Tn	Zip: 38016
County:		Active Mailing Address	
Entered By:	Legacy Data	Last Edited By:	
Date Entered:	8/17/2003	Edit Date:	

Equal Opportunity Compliance

Company Details

id Number: I0900473 CONGESTION MANAGEMENT PROGRAM, SET 3

Company Name: WHITE CONTRACTING, INC. CID: 17224

Survey	Job Description	Sex	African American	Indian/ Alaskan	Asian	Hispanic	White
14535	Craftsworkers (Skilled)	Male	1	0	0	6	2
14535	Laborers (Unskilled)	Male	1	0	0	10	1
14535	Office And Clerical	Female	0	0	0	0	1
14535	Officials And Managers	Male	0	0	1	0	3
14535	Officials And Managers	Female	0	0	0	0	1
14535	Professionals	Male	0	0	1	0	5
14535	Sales Workers	Male	3	0	0	1	8
14535	Service Workers	Male	1	0	0	0	2
14535	Technicians	Male	1	0	0	0	3

I. GENERAL INSTRUCTIONS

When additional space is required, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional sheet and exhibit, state the name of the applicant, date of application and item number. Please answer all questions as completely as possible; if a particular question does not apply to your business operation, write "not applicable" (NA) in the space provided. You must include all attachments required on pages 7 and 8. The application must be signed, notarized and dated.

Date of Application _____ / _____ / _____ (Month/Day/Year)

Ownership Classification:
Locally-Owned Small Business (LOSB)_____ Joint Venture_____ Other_____

SECTION A. BUSINESS INFORMATION

_____
Name of Business

_____ _____ _____
Contact Person Title

_____ _____
Business Street Address

_____
City State Zip

_____
County Area Code Telephone

Fax Number_____ E-Mail Address _____

Date Business Was Established _____ / _____ / _____ (Month/Day/Year)

Has this business ever existed under a different name? If so, list different name(s).

_____

List or attach location(s) of all facilities:

_____

Major products or services offered:

_____

Gross annual sales for past three years: _____
_____
_____

Can company supply products/services: Locally____

Legal Structure (check one)

Number of Actual Employees _____
(permanent full-time only)

_____Sole Proprietorship

_____Partnership

_____Corporation

_____Joint Venture

_____Other

Type of Business (check one)

_____Manufacturing

_____Finance

_____Distributing

_____Professional Services

_____Construction

_____Transportation

_____Service

_____Other

SECTION B. OWNERSHIP

Name/Title	Handles Daily Management Yes	No	County of Residence	Percentage of Ownership

1. Does the applicant business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern?

   Check One: ___Yes ___ No

   If yes, provide the name, address and telephone number of the subsidiary, affiliate or parent. Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent Use a separate sheet of paper.

2. Does applicant business concern or any person listed in item Section (B) above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern. Such agreements include, but are not limited to, management and joint venture agreements, any arrangement or contract involving the provision of such compensated services as administrative services, marketing, production and other types of compensated services. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

   Check One: ___Yes ___No

3. Have you ever been rejected for certification by any agency?

   Check One: ___Yes ___No

   If yes, state by whom _____

4. What other current certification(s) does your company have?

   _____

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR CERTIFICATION:

SECTION A. Required Documents for All Applicants

_____1. Proof of Status (i.e., current driver's license and MLGW or BellSouth statement with business address)

_____2. Current Financial Statement prepared by an independent CPA or Accountant to show business and owner(s) net worth. (New business: Projection Statement for 1st year)

_____3. Business License (State/Local)

_____4. Exhibit A (Attached)

SECTION B. Required Documents by form of Legal Organization
(Complete either section 1, 2, or 3 according to your form of organization)

1. **Corporation**

_____a. Prior three year's Federal Corporate Tax return including all schedules or a certification affidavit

_____b. Resumes of principals

_____c. Articles of Incorporation, and amendments

_____d. Certificate of Existence

_____e. Corporate By-Laws

2. **Partnership**

_____a. Prior three year's Federal Tax returns, including all schedules or a certification affidavit

_____b. Resumes of all partners

_____c. Partnership agreement

SECTION B (Con't)

3. <u>Sole Proprietor</u>

_____ a. Prior three year's Federal Tax returns, including all schedules or a certification affidavit

_____ b. Resumes: sole proprietor, superintendents, foremen, and supervisors

_____ c. Management service agreements

III. Read the **following paragraphs carefully!** Your signature on this application indicates acceptance and understanding of the conditions.

A. Omission of any information may delay certification.

B. Applicant agrees to allow the certifying agency' s representative(s) access to and the right to a site visit of the applicant's place of business.

C. The certifying agency reserves the right to request further information from the applicant prior to certification.

D. Applicant agrees to immediately notify the certifying agency of all changes that would result in a failure to satisfy the requirements contained in the guidelines.

E. Certification may be terminated at any time for good cause by the certifying agency in accordance with the guidelines established by the agency and for the best interest of the agency.

F. If the certifying agency discovers that a statement has been made which the applicant knows to be false, the certification process will be terminated immediately. In addition, reapplication will be restricted.

G. If the applicant is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the agency from time to time.

H. It has been the policy of this firm to consider each applicant for employment on the basis of his or her qualifications for the job and without regard to race, color, creed, sex, age, national origin, or physical handicap not related to job requirement and to give all employees equal consideration with respect to compensation, benefits and the opportunity to progress without regard to race, color, sex, age, national origin or physical handicap.

The undersigned hereby swears under penalty of law that all statements made in this application are true and that all employment decisions are based on the principle of equal employment opportunity with reliance only on valid requirements for promotional opportunities. Further, all members of this firm' s management are familiar with this statement of policy and the philosophy behind it, and their responsibilities to apply these principles in good faith for meaningful progress in the utilization of minorities and females.

X _____ X _____

CEO/President's Signature Business Name

_____

Printed Name Date

X _____ X _____

Partner's Signature Date

_____

Printed Name

X _____ X _____

Partner's Signature Date

_____

Printed Name

X _____

Signature of Applicant Date

_____

Printed Name

This _____ Day of _____, 20____

_____

Notary Public

My Commission Expires _____

SEAL

-Application Must Be Notarized-

INSTRUCTIONS FOR LOSB INELIGIBILITY REVIEW

1. The company must file a written appeal with the Office of EOC within thirty (30) days of receipt. All supporting documents should be attached.

2. The Administrator of EOC will respond within thirty (30) days.

3. If the company is not satisfied with EOC's review, it may appeal the decision to The Shelby County Board of Commissioners or designee.

The decision of the Board or designee shall be final.

SHELBY COUNTY GOVERNMENT
LOCALLY OWNED SMALL BUSINESS
CERTIFICATION AFFIDAVIT

The information supplied herein by an authorized individual shall clearly identify and evidence the extent of local ownership and control of this business enterprise.

All required supporting documents must be included, along with the signature of the authorized persons affixed wherever requested. This LOSB Affidavit must be signed and notarized prior to evaluation by the Office of Equal Opportunity Compliance.

The undersigned does hereby swear or affirm that the statements contained in this EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT and all attachments herein which have been provided in support of the foregoing application for certification are true, accurate, completed and inclusive of all information necessary to identify and explain the ownership and operation of _____.
Name of Business

Further, the undersigned does covenant and agree to provide Shelby County Government's Office of Equal Opportunity Compliance (EOC) with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by Shelby County Government. The undersigned further agrees that as part of this certification procedure, EOC may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to or withhold from the applicant enterprise certification as a Locally Owned Small Business Enterprise. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s) and/or examination(s) will be grounds for immediate rejection of this application for certification or re-certification.

It is recognized and acknowledged that the statements contained in this application are given under oath and that any material misrepresentation shall be construed and deemed to be subject to the penalty of perjury pursuant to applicable Tennessee and/or federal law, in addition to being grounds for denial of certification, or for decertification, and may result in the denial of an award or the termination of contracts which may have been awarded as a result of the information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the EOC investigation. It is further understood that certification will be revoked if after proper investigation by EOC, the applicant is determined to be engaging in activities which circumvent the intent of the LOSB Program.

PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO THE COUNTY

Pursuant to Ordinance Number 324, it shall be unlawful for any person, knowingly and willfully and with intent thereby to mislead, either on such person's own behalf or on behalf of others, as principal or agent, to make or file orally or in writing any false representations of fact to any department of Shelby County Government. The County will impose or seek to impose applicable penalties and sanctions against any person making such false representation in connection with the County's Locally Owned Small Business Program. In addition, the County will seek all available remedies under Tennessee and/or federal statutes against any person who knowingly, willfully or fraudulently attempts to obtain certification as a Locally Owned Small Business enterprise.

ATTESTATION:

THE UNDERSIGNED CERTIFIES THAT ALL REPRESENTATIONS IN THIS AFFIDAVIT ARE TRUE AND CORRECT AS OF THE DATE STATED. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT CERTIFICATION IS NORMALLY REVIEWED EVERY YEAR, HOWEVER, THE OFFICE OF EQUAL OPPORTUNITY COMPLIANCE RETAINS THE RIGHT TO RE-EVALUATE THE CONTENTS OF THIS APPLICATION AT ANYTIME. THE UNDERSIGNED ALSO SWEARS OR AFFIRMS THAT THE COPIES OF THE RECORDS WHICH ARE ATTACHED HERETO AND IDENTIFIED WITH ALPHABETIZED TABS ARE TRUE, COMPLETE AND CORRECT COPIES OF THE BUSINESS RECORDS AS MAINTAINED BY THE UNDERSIGNED ON BEHALF OF:

_____
(Name of Enterprise)

_____
Name of Person Signing: (Print)

_____
Title of Person Signing: (Print)

X_____
Signature:
(Must match name of person signing)

Sworn to and Subscribed Before Me, this _____Day of _____.

_____
Notary Public
(Must exhibit seal and stamp to be acceptable).

Bid Form
LOSB Subcontractor & Supplier List (Cont.)

Shelby County has determined that 20% of the contract sum will be contracted with LOSB vendors. In order to fulfill this goal, bidders are encouraged to contract LOSB firms from the listing received with your Notice to Bidder. Bidders may also provide the names of firms they believe would qualify as LOSB firms by notifying the E.O.C. Department and filing the required forms at least five (5) days prior to the bid opening. Bidders choosing to utilize non-certified subcontractors may submit their bid with the understanding that they must provide certification documents to the E.O.C. Department within 5 days after the bid opening in order to be considered for the contract award.

NOTE: THIS FORM MUST BE RETURNED WITH YOUR BID.

Also, refer to Section B, sheets B-5 and B-6.

Bid Form
LOSB Subcontractor & Supplier List (Cont.)

The LOSB goal for this project is _____.

The total dollar value of LOSB participation for this bid is $_____.

If the percentage of LOSB participation in this bid is less than the goal, please explain why goal was not meet.

Explanation:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Bidders are encouraged to contact County certified LOSB firms from the listing received with your Notice to Bidder. Bidders may also provide the names of firms they believe would qualify as LOSB firms, by notifying the E.O.C. Department and filing the required forms at least five (5) days prior to the bid opening. Bidders choosing to utilize non-certified subcontractors may submit their bid with the understanding that they must provide certification documents to the E.O.C. Department within 5 days after the bid opening in order to be considered for the contract award.

NOTE: THIS FORM MUST BE RETURNED WITH YOUR BID.

Also, refer to Section B: B-5 and B-6

Locally Owned Si.. .. Businesses

Bushhogging

Company Name	Contact Name	Address			Phone Number
R. Morris Bushhogging	Robert Morris, Owner	12243 Snyderwood Dr.	Arlington, TN	38002	(901) 493-1339

Concrete Construction

Company Name	Contact Name	Address			Phone Number
M and B Enterprise, Inc.	Trimika Cannon, Sec.	8026 N. Westbrooks Rd.	Arlington, TN	38002	(901) 372-1160

Construction

Company Name	Contact Name	Address			Phone Number
Anderson Contracting, LLC.	Sheila Anderson, V. Pres.	4230 Elvis Presley Blvd, Ste. 26	Memphis, TN	38116	(901) 346-8226
AWIL Construction, Inc.	Anthony Williams,Pres.	3785 Windyke Dr.	Memphis, TN	38125	(901) 624-7600
C and J Specialties	Nyoka Beer, Managing Partner	4269 Pidgeon Roost Rd.	Memphis, TN	38118	(901) 794-4134
CJ'S Construction	Chet Kibble, Jr. , Pres.	5280 Orangewood	Memphis, TN	38134	(901) 301-6473
EB Construction	J.R. Eggleston, Pres.	5362 Republic Dr.	Memphis, TN	38118	(901) 368-4700
ELS Construction	Eddie Starks, Owner	1835 Candle Ridge Cove	Cordova, TN	38016	(901) 870-2959
Fleming Construction	Rick Fleming, Owner	4730 Forest Trail	Collierville, TN	38017	(901) 690-3753
Harvey Construction Company	Lincoln Harvey, Owner	2957 Homewood Drive	Memphis, TN	38128	(901) 870-1290
Jay-C Construction Company	Juanita Cross, Owner	2386 Boeingshire	Memphis, TN	38116	(901) 833-4054
JJJJ Construction Co.	Jessie Larry, Owner	6615 Way Dawn Dr.	Arlington, TN	38002	(901) 634-0439
P.C. Mock Contruction	Phil C. Mock, III , Partner	1256 Dovecrest	Memphis, TN	38134	(901) 373-5547
R.L. Campbell Contracting Co., Inc.	Robert L. Campbell, IV, Pres.	3229 Park Ave.	Memphis, TN	38111	(901) 327-4256
Salton Companies, LLC.	Kirby Salton, Pres.	5384 Poplar Ave., Ste 410	Memphis, TN	38119	(901) 537-1300
SMS Contractors, Inc.	George Sanders, Pres.	1790 LaPaloma	Memphis, TN	38114	(901) 774-4171
Solid Foundation Contractors, Inc.	Lawrence Williams, Pres.	P.O. Box 1236	Millington, TN	38053	(901) 873-1073
South Seas, Inc.	Leslie Wooten, Pres.	2886 Cela St.	Memphis, TN	38128	(901) 382-2737
Thorp Construction Co., Inc.	Ken Thorp, Pres.	4954 Elmore Rd., #101	Memphis, TN	38128	(901) 266-0808
Toles Construction Co., Inc.	Gregory O. Toles, Pres.	3896 Tallbirch Cove	Memphis, TN	38115	(901) 362-0329
Triple K Construction Co.	Gary Koeneman, Owner	P.O. Box 401	Ellendale, TN	38029	(901) 377-1013
W.L. Sharpe Contracting Co., L.P.	Alan E. Carey, Pres.	628 Chaney Dr, Ste B	Collierville, TN	38017	(901) 861-0022

Contractor/Concrete

Company Name	Contact Name	Address			Phone Number
Precise Concrete Works, LLC	Martin Carodine, CEO	1123 S. Third	Memphis, TN	38106	(901) 774-8010

Demolition

Company Name	Contact Name	Address			Phone Number
Memphis Wrecking, Co, Inc	Steven L. Williamson, Pres.	2301 S. Third St.	Memphis, TN	38109	(901) 774-4011

Electrical

Company Name	Contact Name	Address			Phone Number
All-Tech Electrical Company	James H. Frazier, Pres.	2364 Kimball Ave.	Memphis, TN	38114	(901) 743-5401
Gilles Electric	Garry Gille, Pres.	381 N. Main	Memphis, TN	38103	(901) 650-6003

Electrical Contractor

Company Name	Contact Name	Address			Phone Number
Heritage Electric, Inc.	Charles E. Hamlin, Pres.	2129 Troyer Ave, Bldge 24	Memphis, TN	38114	(901) 774-9142
High Electric Co, Inc.	Percy R. Todd, Jr., Pres.	710 S. Cox St.	Memphis, TN	38104	(901) 726-6429
Infinity Electrical Contractors, LLC	Mwaniki Tabor, Pres.	867 East Person	Memphis, TN	38106	(901) 775-3222
Joy Electrical Contractors	Morris Joy, Mgr.	911 Saxon Ave.	Memphis, TN	38126	(901) 441-8385
Marathon Electric Co, Inc.	Cindy Bond, Pres.	3488 Winhoma Road	Memphis, TN	38118	(901) 365-3421
Matthew Electrical Contractor	Eric C. Stout, Owner	3887 Broad	Memphis, TN	38112	(901) 859-2042
Q Electric Co, LLC	Suzie Bowen, Owner	1683 Shelby Oaks Dr N #6	Memphis, TN	38134	(901) 383-7970
Sullivan & Sullivan	William Sullivan, Owner	4435 Sykes Rd.	Millington, TN	38053	(901) 650-9105

Erosion and Sediment Control

Company Name	Contact Name	Address			Phone Number
SitePro Environmental Services	Nanette B. Smith, Pres.	9521 William Little Dr.	Lakeland, TN	38002	(901) 496-7251

Excavation

Company Name	Contact Name	Address			Phone Number
Charles H. Hill Contractors, Inc.	Marcel Harrell, Pres.	1956 Dunn Ave.	Memphis, TN	38114	(901) 744-3483
Southland Enterprises	J.C. Payne, Owner	6171 Holly Park Dr.	Memphis, TN	38141	(901) 363-8440

General Construction

Company Name	Contact Name	Address			Phone Number
A and B Construction Co., Inc	Brandy Bonner Faust, Pres.	5091 Wilfong Rd	Memphis, TN	38134	(901) 383-7360
Network Construction Co.	William Hampton, Owner	855 Candace Dr.	Memphis, TN	38116	(901) 949-1200

General Contractor

Company Name	Contact Name	Address			Phone Number
Faith Centered Construction Co, Inc	Larry Smith, Pres.	P.O. Box 281497	Memphis, TN	38168	(901) 371-2177
Guess Industrial, Inc	Ricky Guess, Pres.	3442 Flintlock Dr	Bartlett, TN	38135	(901) 372-1298
Richard & Son General Con.	Leon Richardson, Owner	3363 Scenic Highway	Memphis, TN	38128	(901) 372-1298

Grading, Demo, Concrete, Asphalt

Company Name	Contact Name	Address			Phone Number
Payne Excavating & Grading	Keddren Payne	3993 Shinault Lane	Memphis, TN	38125	(901) 461-4295

Paving Construction

Company Name	Contact Name	Address			Phone Number
UPS Development	Rhonda Rowan, CEO/Treas	2251 Chelsea, Ste 2	Memphis, TN	38108	(901) 268-7878

Power Systems

Company Name	Contact Name	Address			Phone Number
Electronic Power Systems, Inc.	Daniel H. Faverty, Pres.	191 Ivy Brook	Collierville, TN	38017	(901) 759-9224

Surveying

Company Name	Contact Name	Address			Phone Number
THY, Inc.	Teck Tang, Pres.	1760 Moriah Woods Blvd.	Memphis, TN	38117	(901) 362-3300

B-3

TENNESSEE DEPARTMENT OF TRANSPORTATION

DBE REQUIREMENTS

FACT SHEET

TENNESSEE SMALL BUSINESS DEVELOPMENT/DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM
SMALL BUSINESS DEVELOPMENT OFFICE

What is the program?

This program was developed by the Federal Highway Administration and is administered by the Tennessee Department of Transportation to encourage minority, female, and other disadvantaged firms to work in the highway/bridge industry. Both state and federal construction projects and monies are included in it.

Who can qualify as a DBE?

There are several eligibility criteria for certification. As these conditions are met certification can be granted:

1. Your firm must be an existing "for-profit" business that is currently operational.
2. Your firm must be an independent business. If it is a subsidiary of a corporation, your firm must still operate in a self-sufficient manner.
3. Your firm must meet the federal definition of a small business concern.
4. Owners must meet the federal definition of "socially and economically disadvantaged." Women and certain minorities are presumed to fit the definition.
5. Owners must possess the expertise to control the daily operations and management of the firm.
6. Owners must be able to show ownership of at least 51% of the firm through real and substantial investments of capital.
7. Owners' net worth must not be over $750,000. (excluding personal residence and stock/ownership in the potential DBE firm).

Call the Small Business Development Office in Nashville at (615) 741-3681 or 1-888-370-3647 for further information or check our web-site www.tdot.state.tn.us

What happens once I am a DBE?

Once certified, your firm is placed on a statewide list of firms showing contractors that you are certified and listing your work areas. ***You must be certified at the time that the prime contractor submits a bid to TDOT.***

DBE certification does not guarantee that you will get TDOT work. But if you perform good work at competitive prices, you have an advantage on projects with DBE goals.

As a TDOT DBE you are eligible to receive group and individualized training and technical assistance to increase you efficiency and profits. The Small Business Development Office headquartered in Nashville provides this without cost to you.

Tennessee Uniform Certification Program

Member Agencies

Tennessee Department of Transportation

Metropolitan Knoxville Airport Authority

Chattanooga Metropolitan Airport Authority

Memphis Shelby County Airport Authority

Metropolitan Nashville Airport Authority

Chattanooga Area Regional Transportation Authority

Memphis Area Transit Authority

Metropolitan Transit Authority [Davidson County]

Jackson Transit Authority

Smyrna Airport Authority

Tri-Cities Airport Commission

Clarksville Transit System

Regional Transportation Authority [Middle TN]

Knoxville Area Transit

Jackson Airport Authority

Johnson City Transit

TENNESSEE UNIFORM CERTIFICATION PROGRAM (TNUCP)

Thank you for your interest in participating in the Tennessee Uniform Certification Program (TNUCP) to become a Disadvantaged Business Enterprise (DBE)/Airport Concession Disadvantaged Business Enterprise (ACDBE). Our DBE objective is to ensure that disadvantaged business firms have the maximum opportunity to participate in DOT assisted contracts.

The TNUCP is charged with the responsibility of certifying firms for the purpose of maintaining a database of certified DBEs for the United States Department of Transportation (U.S. DOT) grantees in the state of Tennessee. This is pursuant to the Final Rule 49 Code of Federal Regulations (CFR) Part 26 that requires U.S. DOT recipients to take part in a statewide uniform certification process.

Please complete the attached application if you wish to be considered for DBE certification. In order to avoid unnecessary delays, please complete all portions of the Uniform Certification Application and include all copies of documents requested on the application. In addition, the Affidavit of Certification and the Personal Financial Statement must both be notarized.

Additional documentation may be requested if it is considered necessary to make a certification determination. Incomplete applications will not be evaluated until all requested documentation has been submitted for review. We highly recommend that you keep a copy of all submitted documents for your records.

It is no longer necessary to apply for DBE certification at more than one of the member agencies. If your firm meets the criteria for certification, it will be entered in the TNUCP database. Only firms currently certified as eligible DBEs for the TNUCP may participate in the DBE program of U.S. DOT grantees within the state of Tennessee. The TNUCP is not required to process an application for certification from a firm having its principal place of business outside the state of Tennessee if the firm is not certified in its home state. If the firm has its principal place of business in another state and is currently certified in that state, please contact the Tennessee Department of Transportation.

To participate in the TNUCP DBE/ACDBE program, please send the completed application and all supporting documentation to the appropriate member agency listed on the following page.

The following member agencies process DBE applications. Please forward your completed certification packet to one of the agencies serving the area where your firm has its principal place of business:

Tennessee Department of Transportation
Small Business Development Program
Suite 1800, James K. Polk Building
505 Deaderick Street
Nashville, TN 37243-0347
(888)370-3647
(615)741-3681
www.tdot.state.tn.us/civil%2Drights/smallbusiness/

Memphis Area Transit Authority
1370 Levee Road
Memphis, TN 38108-1011
(901)722-7138
www.matatransit.com

Chattanooga Area Regional Transportation Authority
1617 Wilcox Blvd.
Chattanooga, TN 37406
(423)629-1411
www.carta-bus.org

Nashville Metropolitan Transit Authority
130 Nestor Street
Nashville, TN 37210
(615)862-5969
www.nashvillemta.org

If you wish to be considered for ACDBE certification, you will need to complete the Airport Concession DBE certification application package, which can be accessed at:

Memphis/Shelby County Airport Authority
2491 Winchester Road, Suite 113
Memphis, TN 38116
(901)922-8000
www.mscaa.com

Metropolitan Nashville Airport Authority
One Terminal Drive, Suite 501
Nashville, TN 37214-4114
(615)275-1620
www.flynashville.com

Chattanooga Metropolitan Airport Authority
1001 Airport Road, Suite 14
Chattanooga, TN 37421
(423)855-2214
www.chattairport.com

Metropolitan Knoxville Airport Authority
P.O. Box 15600
Knoxville, TN 37901-5600
(865)342-3062
www.flyknoxville.com

The following member agencies can be accessed for your information:

Smyrna Airport Authority – (615)459-2651 www.smyrnaairport.com

Tri Cities Airport Commission – (423)325-6044 www.triflight.com

Jackson Airport Authority – (731)423-0995 www.mklairport.com

Jackson Transit Authority – (731)423-020 www.ridejta.com

Clarksville Transit System (932)553-2430 www.cityofclarksville.com

Greater Nashville Regional Transportation Authority – (615)862-8869 www.gnrc.org

Knoxville Area Transit – (865)215-7830 www.katbus.com

Johnson City Transit – (423)434-6269 www.johnsoncitytransit.org

*List of agencies subject to change

Tennessee Uniform Certification Program (TNUCP)
Application for Certification as a Disadvantaged Business Enterprise (DBE)

INSTRUCTIONS AND INFORMATION
Please read these instructions completely and thoroughly!!!

1. All questions must be answered. Questions that do not apply to your firm should be marked "N/A."

2. All documents requested on the Certification Checklist must be provided. Mark "N/A" for any items that do not pertain to your company.

3. The Personal Financial Statement enclosed must be filled out in its entirety leaving no line blank. This form must be completed for each DBE applicant and this form must be signed by each DBE applicant in the presence of a Notary Public.

4. The Affidavit of Certification must be signed by the principal owner(s) in the presence of a Notary Public.

Please note that failure to complete the application as instructed above will delay processing and may result in a denial of certification as a Disadvantaged Business Enterprise.

For Your Information

1. An on-site interview will be required for all in-state applicants, as part of the certification process. Once the application is complete, this should occur within 90 business days of receipt of the certification package.

2. Additional information may be required during the processing period. Delays in submitting requested information will cause a delay in processing the application.

3. Changes in ownership, control, or operation of the business should be reported within 30 days of the occurrence. Any changes in ownership or transfer of ownership two (2) years prior to submission of an application with the Tennessee Uniform Certification Program will not be acceptable and will be seriously scrutinized for timing and reasons for ownership change.

4. An applicant has the right to protest a Denial of Certification by filing an appeal with the U.S. Department of Transportation.

5. All certified businesses will be listed in the Directory of Disadvantaged Business Enterprises for the Tennessee Uniform Certification Program.

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST
In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- ☐ Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- ☐ Personal Financial Statement (form available with this application)
- ☐ Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- ☐ Your firm's tax returns (gross receipts) and all related schedules for the past three years
- ☐ Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- ☐ Your firm's signed loan agreements, security agreements, and bonding forms
- ☐ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ List of equipment leased and signed lease agreements
- ☐ List of construction equipment and/or vehicles owned and titles/proof of ownership
- ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- ☐ Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- ☐ All relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ DBE, ACDBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- ☐ Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- ☐ Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- ☐ Official Articles of Incorporation (*signed by the state official*)
- ☐ Both sides of all corporate stock certificates and your firm's stock transfer ledger
- ☐ Shareholders' Agreement
- ☐ Minutes of all stockholders and board of directors meetings
- ☐ Corporate by-laws and any amendments
- ☐ Corporate bank resolution and bank signature cards
- ☐ Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- ☐ Documented proof of ownership of the company
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

NOTE: The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

Should I apply?

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed $20.41 million in gross annual receipts?
- Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

Is there an easier way to apply?
If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. **NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**

Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.

Where can I find more information?

- U.S. DOT – **http://osdbuweb.dot.gov/business/dbe/index.html** (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – **http://www.census.gov/epcd/www/naics.html** (provides a listing of NAICS codes) and **http://www.sba.gov/size/indextableofsize.html** (provides a listing of size standards by NAICS codes)
- 49 CFR Parts 23 and 26 (the rules and regulations governing the DBE and ACDBE programs)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM UNIFORM CERTIFICATION APPLICATION

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE/ACDBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

(1) State the name and title of the person who will serve as your firm's primary contact under this application.

(2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.

(3) Indicate the primary phone number of your firm.

(4) Indicate a secondary phone number, if any.

(5) Indicate your firm's fax number, if any.

(6) Indicate your firm's or your contact person's email address.

(7) Indicate your firm's website address, if any.

(8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).

(9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

(1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.

(2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.

(3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.

(4) Give the date on which you and/or each other owner took ownership of the firm.

(5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.

(6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.

(7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.

(8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.

(9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.

(10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

(1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.

(2) Check the appropriate box that indicates whether at present, or at any time in the past:

(a) your firm has been a subsidiary of any other firm;

(b) your firm consisted of a partnership in which one or more of the partners are other firms;

(c) your firm has owned any percentage of any other firm; and

(d) your firm has had any subsidiaries of its own.

(3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. **Background Information**

(1) Give the name of the owner.

(2) State his/her title or position within your firm.

(3) Give his/her home phone number.

(4) State his/her home (street) address.

(5) Check the appropriate box that indicates this owner's gender.

(6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.

(7) Check the appropriate box to indicate whether this owner is a U.S. citizen.

(8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. **Ownership Interest**

(1) State the number of years during which this owner has been an owner of your firm.

(2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.

(3) State the percentage of total ownership control of your firm that this owner possesses.

(4) State the familial relationship of this owner to each other owner of your firm.

(5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

(6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

(7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has <u>any</u> relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. **Disadvantaged Status**

<u>NOTE</u>: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

(1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.

(2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. **Identify your firm's Officers and Board of Directors:**

(1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.

(2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.

(3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.

(4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. **Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:**

(1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;

(2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;

(3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;

(4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;

(5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;

(6) Office management;

(7) Marketing and sales;

(8) Purchasing of major equipment;

(9) Signing company checks (for any purpose); and

(10) Conducting any other financial transactions on your firm's behalf not otherwise listed.

(11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.

(12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. **Indicate your firm's inventory in the following categories:**

(1) **Equipment**
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

(2) **Vehicles**
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

(3) **Office Space**
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) **Storage Space**
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

D. **Does your firm rely on any other firm for management functions or employee payroll?**
Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. **Financial Information**

(1) Banking Information
- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information
- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. **Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:**
State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. **List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:**
Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. **List current licenses/permits held by any owner or employee of your firm.**
List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. **List the three largest contracts completed by your firm in the past three years, if any.**
List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. **List the three largest active jobs on which your firm is currently working.**
For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? *(If Yes, check appropriate box(es))*	☐DBE	Name of certifying agency:
	☐ACDBE	Has your firm's state UCP conducted an on-site visit? ☐Yes, on ___/___/___ State: ☐No
	☐8(a) ☐SDB	⊗ **STOP!** If you checked either the 8(a) or SDB box, you may not have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

☐Yes, on ___/___/___ ☐No

If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:		(2) Legal name of firm:		
(3) Phone #:	(4) Other Phone #:		(5) Fax #:	
(6) E-mail:		(7) Website *(if have one)*:		
(8) Street address of firm *(No P.O. Box)*:	City:	County/Parish:	State:	Zip:
(9) Mailing address of firm *(if different)*:	City:	County/Parish:	State:	Zip:

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any):
(3) This firm was established on ___/___/___	(4) I/We have owned this firm since: ___/___/___
(5) Method of acquisition *(check all that apply)*: ☐ Started new business ☐Bought existing business ☐Inherited business ☐Secured concession ☐Merger or consolidation ☐Other *(explain)* _____	
(6) Is your firm "for profit"? ☐ Yes ☐ No	⊗ **STOP!** If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(7) Type of firm *(check all that apply)*:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Partnership
- ☐ Limited Liability Corporation
- ☐ Joint Venture
- ☐ Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?

☐ Yes ☐No

If Yes, explain:

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts $ _____

Year _____ Total receipts $ _____

Year _____ Total receipts $ _____

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?

☐ Yes ☐No

If Yes, identify: Other Firm's name: _____

Explain nature of shared facilities:

(2) At present, or at any time in the past, has your firm:		
	(a) been a subsidiary of any other firm?	☐ Yes ☐No
	(b) consisted of a partnership in which one or more of the partners are other firms?	☐Yes ☐No
	(c) owned any percentage of any other firm?	☐Yes ☐No
	(d) had any subsidiaries?	☐Yes ☐No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? ☐Yes ☐No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each *(attach extra sheets, if needed)*:

	Name	Address	Type of Business
1.			
2.			
3.			

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? ☐ Yes ☐ No

If Yes, then list *(attach extra sheets, if needed)*:

	Name	Relationship	Company	Type of Business	Own or Manage?
1.					
2.					

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner)*:

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (*street and number*):	City:	State: Zip:

(5) Gender: ☐ Male ☐Female	(6) Ethnic group membership *(Check all that apply)*: ☐Black ☐Hispanic ☐Native American ☐Asian Pacific ☐Subcontinent Asian ☐Other (*specify*) _____
(7) U.S. Citizen: ☐Yes ☐No	
(8) Lawfully Admitted Permanent Resident: ☐Yes ☐No	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
(3) Percentage owned:		Cash	$
(4) Familial relationship to other owners:		Real Estate	$
		Equipment	$
		Other	$

(5) Shares of Stock: Number Percentage Class Date acquired Method Acquired

(6) Does this owner perform a management or supervisory function for any other business? ☐ Yes ☐No
If Yes, identify: Name of Business: _____ Function/Title: _____

(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (*e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.*)? ☐Yes ☐No

If Yes, identify: Name of Business: _____ Function/Title: _____
Nature of Business Relationship:

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? *(Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)*

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? ☐ Yes ☐ No
If Yes, explain (*attach additional sheets if needed*):

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors *(If additional space is required, attach a separate sheet)*:

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? ☐ Yes ☐No

If Yes, identify for each: Person: _____ Title: _____

Business: Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (*e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.*)? ☐Yes ☐No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship:

B. Identify your firm's management personnel who control your firm in the following areas *(If more than two persons, attach a separate sheet)*:

	Name	Title	Ethnicity	Gender
(1) Financial Decisions (*responsibility for acquisition of lines of credit, surety bonding, supplies, etc.*)	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? ☐ Yes ☐No
If Yes, identify for each: Person: _____ Title: _____
Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (*e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.*)?
☐ Yes ☐No

If Yes, identify for each: Firm Name: _____ Person: _____
Nature of Business Relationship:

C. Indicate your firm's inventory in the following categories (*attach additional sheets if needed*):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? ☐Yes ☐ No

If Yes, explain:

E. Financial Information

(1) **Banking Information:**
(a) Name of bank: _____ (b) Phone No: ( ) _____
(c) Address of bank: City: State: Zip:

(2) **Bonding Information**: If you have bonding capacity, identify: (a) Binder No: _____
(b) Name of agent/broker _____ (c) Phone No: ( ) _____
(d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
(e) Bonding limit: Aggregate limit $ _____ Project limit $ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (*attach additional sheets if needed*)**:**

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (*e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed*)**:**

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

PERSONAL FINANCIAL STATEMENT

As of _____ , _____

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant _____

ASSETS		LIABILITIES (Omit cents)	
Cash on hand & in Banks.....	$_____	Accounts Payable.....	$_____
Savings Accounts.....	$_____	Notes Payable to Banks and Others..... *(Describe in Section 2)*	$_____
IRA or Other Retirement Account...	$_____	Installment Account (Auto)..... Mo. Payments $_____	$_____
Accounts & Notes Receivable.....	$_____	Installment Account (Other)..... Mo. Payments $_____	$_____
Life Insurance-Cash Surrender Value Only ..... *(Complete Section 8)*	$_____	Loan on Life Insurance.....	$_____
Stocks and Bonds..... *(Describe in Section 3)*	$_____	Mortgages on Real Estate..... *(Describe in Section 4)*	$_____
Real Estate..... *(Describe in Section 4)*	$_____	Unpaid Taxes..... *(Describe in Section 6)*	$_____
Automobile-Present Value.....	$_____	Other Liabilities..... *(Describe in Section 7)*	$_____
Personal Property..... *(Describe in Section 5)*	$_____	**Total Liabilities**	$_____
Other Assets..... *(Describe in Section 5)*	$_____	**Total Assets – Total Liabilities= Net Worth**	$_____
Total Assets	$_____		

Section 1 – Source of Income		Contingent Liabilities	
Salary.....	$_____	As Endorser or Co-Maker.....	$_____
Net Investment Income.....	$_____	Legal Claims & Judgments.....	$_____
Real Estate Income.....	$_____	Provision for Federal Income Tax.....	$_____
Other Income..... *(Describe in section 1 below)*	$_____	Other Special Debt.....	$_____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Other. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

I authorize the Tennessee Uniform Certification Program to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of determining Disadvantaged Business Enterprise eligibility. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)

Signature: *Date: Social Security Number*

Signature: *Date: Social Security Number*

NOTARY

Subscribed and sworn to before me this ____day of _____20__
Signed_____, Notary Public in and for the
County of _____, State_____
My Commission Expires_____

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

Female Black American Hispanic American Native American

Asian- Pacific American Subcontinent Asian American

Other (specify) _____.

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed $750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____(Date)

Signature _____
(DBE Applicant)

NOTARY CERTIFICATE:

Tennessee Uniform Certification Program
(TNUCP)
Disadvantaged Business Enterprise
(DBE)
Renewal Application

PRINT NAME AND TITLE OF MAJORITY DISADVANTAGED OWNER(S):

_____

BUSINESS NAME: _____

MAILING ADDRESS: _____

_____

_____

BUSINESS PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

→DBE FIRM'S GROSS RECEIPTS (attach a copy of the firm's most recent corporate tax return and all attachments, if applicable)

→DBE OWNER'S PERSONAL TAX RETURN (attach a copy of the most recent personal tax return and all attachments for each individual applying for disadvantaged status)

→HAS THERE BEEN A CHANGE IN OWNERSHIP/MANAGEMENT THIS PAST YEAR? YES____ NO ____
(If "YES," you must submit all pertinent information to show changes in ownership)

I agree that the TNUCP will be notified in writing within 30 days of any changes in ownership and/or control, personal net worth and/or size standard that would impact the firm's eligibility to remain in the program.

I, _____(*name of DBE firm owner(s)*), swear (or affirm) that there have been no changes in _____(*name of DBE firm*) circumstances affecting its ability to meet the size, disadvantaged status, ownership or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I swear (or affirm) there have been no material changes in the information provided with _____(*name of DBE firm*) application for certification, except for any changes about which I have provided written notice to _____(*name of DOT recipient*) pursuant to 49 CFR 26.83(i).

I swear (or affirm) that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in 49 CFR 26.5, without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed $750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I specifically swear (or affirm) _____(*name of DBE firm*) continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26 and _____(*name of DBE firm*) average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed _____(dollar amount). I provide the attached size and gross receipts documentation to support this affidavit.

I certify that the above information is true and complete to the best of my knowledge and understand that knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. 1001 (False Statements) which could result in fines, imprisonment or both.

Signature_____ Date_____

NOTARY CERTIFICATE:

B-4

SHELBY COUNTY GOVERNMENT

ENGINEERING DEPARTMENT

DRUG-FREE WORKPLACE

AFFIDAVIT

DRUG-FREE WORKPLACE AFFIDAVIT

STATE OF TENNESSEE.

COUNTY OF SHELBY.

The undersigned, principal officer of _____, an employer of five (5) or more employees contracting with _____County government to provide construction services, here states under oath as follows:

1. The undersigned is a principal officer of_____ (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.

2. The Company submits this Affidavit pursuant to T.C.A. §50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title *50,* Chapter 9, of the *Tennessee Code Annotated.*

3. The Company is **in** compliance with T.C.A. § 50-9-113.

Further affiant saith not.

_____
Principal Officer

STATE OF_____

COUNTY OF_____

Before me personally appeared _____,with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.
Witness my hand and seal at office this _____day of_____, 20___.

_____
Notary Public

My commission expires: _____

B-5

SHELBY COUNTY GOVERNMENT

ENGINEERING DEPARTMENT

NON-DISCRIMINATION ACT

NON-DISCRIMINATION – TITLE VI:

The vendor agrees to comply with the provisions of Title VI of the Civil Rights Act of 1964 and all other federal statutory laws which provide, in whole or in part, that no person on the ground of handicap, age race, color, sex, or national origin, shall be excluded from participation in, or be denied benefits of, or be otherwise subject to discrimination under any program or activity receiving Federal financial assistance during the performance of this Contract. The vendor shall upon request, show proof of such non-discrimination; and shall post in conspicuous places available to all employees and applicants notices of non-discrimination.

NON DISCRIMINATION – TITLE VII:

The Vendor agrees to comply with the provisions of Title VII of the Civil Rights Act of 1964 and all other Federal statutory laws which provide, in whole or in part, that no employee on the grounds of age, race color, sex, or national origin, shall be discriminated against, harassed or retaliated against while opposing illegal harassment or discrimination in the workplace. The vendor shall upon request show proof of such non-discrimination, and shall post in conspicuous places available to all employees and applicants notices of nondiscrimination.