



CITY OF DURHAM SMALL LOCAL BUSINESS ENTERPRISE PROGRAM

CERTIFICATION QUESTIONNAIRE



Phone: 919-560-4180
Facsimile: 919-560-4513

Street Address:
101 City Hall Plaza (Annex)
Durham, North Carolina 27701

POLICY STATEMENT

It is the policy of the City to provide business opportunities to small firms owned by local businesses in the Durham Metropolitan Statistical Area (MSA). The Durham MSA consists of Durham, Orange, Person and Chatham counties. Pursuant to Article IV of Chapter 18 of the Durham Code of Ordinances, the City has established a program to certify small local business enterprises (SLBEs) for contracting with the City in the fields of construction and repair work; and professional services.

The primary purpose of the Durham Small Local Business Enterprise (SLBE) Program is to support local small businesses that will create the public benefit of enhancing Durham's local tax base and increasing employment opportunities for Durham residents.

OBJECTIVES

The Equal Opportunity/Equity Assurance Director shall establish SLBE Program certification requirements to determine eligibility for contracting with the City in the areas of construction and repair and professional services. SLBE certification shall be given for specific areas of work. Certified SLBEs may be eligible to submit bids (for construction and repair work) or qualifications (for professional services) for certain projects identified by the City as appropriate for the SLBE Program.

APPEAL OF CERTIFICATION DENIAL

Any business denied certification should, upon written request, be granted reconsideration of the application by the City Manager.

If an applicant receives notice that the City has denied its application for certification as an SLBE, the applicant may protest. A protest will be considered only if the applicant sends it to the City within 7 days after the applicant received the denial notice. The protest must be delivered to the Durham City Manager, 101 City Hall Plaza, Durham, NC. The protest must contain a written statement of the reasons that the denial is incorrect.

The following information is submitted to determine certification status as a Small Local Business Enterprise:

Name of Firm:

Address (1):

Address (2):

(If different from above)

City:	State:	Zip Code:	County:
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Telephone Number: ()	Fax Number: ()
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Cellular Number: ()	Pager Number: ()
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Email Address:

Contact Person:	Title:
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Indicate whether the applicant business is:

<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Corporation
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<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Liability Company
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<input type="checkbox"/>	Other (specify)
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Is the address above your firm's principal location?	Yes	No
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Is this a branch, satellite or regional office?	Yes	No
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How long has the business operated at the current location?	
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Is this the office where the majority of the firm's management and employees are located?	Yes	No
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Describe the primary business functions occurring at this location:

1) CERTIFICATION WITH THE CITY OF DURHAM

a. In what area are you seeking certification? (Please check one or both)

Professional Services	<input type="checkbox"/>
e.g., Architectural, Engineering, and Surveying	

Construction	<input type="checkbox"/>
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b. List specific scopes of work or services for which the firm would like to be certified. Include standard, accepted industry fields and terms to identify the subject areas of experience:

2) BUSINESS STATUS

a. Give date and year business was established.	<input type="text"/>
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Date Incorporated/Partnership/Other Business Entity Formed.	<input type="text"/>
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b. Are you authorized to do business in North Carolina as well as locally?
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Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(Attach copy or copies of business license(s))

c. Type of North Carolina Contractor's License and Limitation or Professional License: (Attach copy or copies of license (s) or certificate(s))

d. Maximum Current Bonding Level/Liability Insurance Level: (If applicable, rounded to nearest dollar)	<input type="text"/>	\$
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e. Has business operated under a previous name?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(List any former names and addresses)				

Name:	<input type="text"/>	Address:	<input type="text"/>
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City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>	County:	<input type="text"/>
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f. Estimate the percentage of your business allocated to the following (**Total must equal 100%**)

Professional Services Entities (i.e., architecture, engineering, and land surveying)

Professional Services	%
Other	%

Construction Entities

Construction	%
Other	%

3) BUSINESS SIZE

a. Total Number of Employees

b. Total Number of Full Time Employees

Submit copies of the business **Federal Tax Returns** for the last **three years**. (**Documents are kept confidential and destroyed once it is determined that the business meets the U.S. Small Business Administration’s size limitations. If new business, submit financial statement**)

PRINCIPAL LOCATION OR SATELITE OFFICE

To qualify as an SLBE, the business must satisfy at least one of the following [(a) or (b)]. Please check which of those choices is satisfied. Please check (a) and (b) if both apply

a. The business seeking certification has its principal location in Durham, Orange, Person or Chatham Counties.

b. The business has had, for at least a year prior submitting this application, a satellite, branch or regional office in any of the stated counties; in which at least 25% of the full time employees who work at that office must live in those counties. The applicant will complete the AFFIDAVIT attached in support of this statement.

PROJECTS

1) List three (3) projects/jobs currently underway or recently completed:

Project/Job	Contact Person	Telephone Number

5) Business References:

Please submit two letters of reference from persons who are familiar with the services offered by your firm and can attest to the performance of the firm.

DOCUMENTATION OF FULL TIME EMPLOYEES LIVING IN DURHAM, ORANGE, PERSON AND CHATHAM COUNTIES
 (add additional pages if needed.)

EMPLOYEE	ADDRESS	CITY/COUNTY	ZIP CODE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
11.			
12.			

Signed:	Date:
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(Business Owner of designee)

FINANCIAL STATEMENT
(For New and Reinstated Firms Only)

Balance Sheet of _____
Date

Firm Name

Corporation	
Partnership	
Individual/Other	

State in which Incorporated

Total Current Assets	\$
(Including cash, bid deposits, notes, receivable stocks, Bonds, inventories, interest receivable, life insurance)	

Total Fixed Assets	\$
(Net book value of plant, equipment and real estate)	

Total Other Assets	\$
(Non-business real estate, land, building improvements, miscellaneous)	

Total Assets	\$
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Total Current Liabilities	\$
(Judgments, accounts/notes payable owed to subcontractors, accrued taxes, accrued salaries and payrolls, accrued interest payable)	

Total Fixed and Other Liabilities	\$
(Including individual or partnership capital stock, Surplus)	

Net Worth	\$
(Including individual or partnership capital stock, surplus)	

Total Liabilities	\$
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Total Business Net Worth (Asset Minus Liabilities)	\$
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AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material necessary to identify and explain the operations of _____ as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or, if no prime, directly to the City, current, complete and accurate information regarding actual work performed on the project, the payment for, and any proposed changes, if any, of the foregoing arrangements. Any material misrepresentation will be grounds for terminating any contract which may be awarded, and for initiating action under Federal or State laws concerning false statements.

Name:	Title:
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Signature:	Title:
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(Principal Owner or Chief Executive Officer)

CORPORATE SEAL (required for a Corporation)

Firm's Name:

I,	Notary Public, appointed in the
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State of	,	County of	do hereby certify that
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Name and Title of Officer

To be the person whose name is subscribed to the foregoing affidavit, appeared before me this day in person, and acknowledged that he/she signed the above affidavit as his/her free and voluntary act. Sworn and subscribed before me this _____
_____ Day of _____, 20_____

By _____ whose signature appears below.

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Signature _____

NOTARY PUBLIC

My commission expires: _____
(Notary Seal Required)