



CITY OF DURHAM

SMALL DISADVANTAGED BUSINESS ENTERPRISE

CERTIFICATION RENEWAL FORM



Equal Opportunity/ Equity Assurance Department

Mailing Address:
101 City Hall Plaza
Durham, North Carolina 27701

Street Address:
211 Rigsbee Avenue
Durham, North Carolina 27701

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

POLICY STATEMENT

It is the policy of the City to provide equal opportunities for City contracting for small firms owned by socially and economically disadvantaged persons doing business in the City's Contracting Marketplace. It is further the policy of the City to prohibit discrimination against any firm in pursuit of these opportunities, to conduct its contracting activities so as to prevent such discrimination, to correct the present effects of past discrimination and to resolve complaints of discrimination.

GOALS

The Equal Opportunity/Equity Assurance Director shall establish project specific goals for each project or contract based upon the availability of small disadvantaged business enterprises (SDBE's) within the defined scope of work, delineated into percentages of the total value of the work.

APPEAL OF CERTIFICATION DENIAL

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

The applicant desiring reconsideration must, within seven working days of receipt of the City's decision, present to the City Manager a written statement of its position.

The following information is submitted to determine recertification status as a Small Disadvantaged Business Enterprise:

Name of Firm _____

Address _____

City _____ State _____ Zip Code _____ County _____

Mailing Address _____
(If different from above)

City _____ State _____ Zip Code _____ County _____

Telephone Number _____ Fax Number () _____

Cellular Number () _____ Pager Number () _____

Email Address _____

Contact Person _____ Title _____

PLEASE SUBMIT ALL DOCUMENTS AS REQUESTED BELOW

- 1) Copy of prior two years' Federal Tax Returns. *(This information is kept confidential.)*
- 2) Number of permanent employees _____
- 3) Copy of current business license/s
- 4) Personal Net Worth statements

CITY OF DURHAM

PERSONAL NET WORTH STATEMENT

Complete This Form For Each Economically Disadvantaged Applicant/Owner

(Married individuals must submit a separate form for their spouse. Please attach copy of most recent federal income tax statement.)

Name: _____	Business Phone: () _____
Residence Address _____	Residence Phone: () _____
City, State & Zip Code: _____	
Business Name of Applicant: _____	

ASSETS	Amount	Check If Joint Assets	LIABILITIES	Amount
Cash on hand & in banks	\$		Accounts Payable	\$
Savings Accounts	\$		Notes Payable To Banks/Others	\$
IRA/Other Retirement Account	\$		Installment Account (Auto)	\$
Personal & Notes Receivable	\$		Installment Account & Credit Cards	\$
Life Insurance (Cash Surrender Value)	\$		Loan On Life Insurance	\$
Stocks & Bonds (Current Market Value)	\$		Mortgage On Primary Residence	\$
Real Estate (Other Than Primary Residence)	\$		Mortgage On Other Properties	\$
Automobiles (Present Value)	\$		Unpaid Taxes	\$
Personal Property	\$		Other Liabilities (Describe On Separate Sheet)	\$
Other Assets (Describe On Separate Sheet)	\$			
Ownership In Other Businesses	\$			
Total Assets (add lines above)	\$		NET WORTH (Total Assets Minus Total Liabilities)	\$

CERTIFICATION RENEWAL

GOOD THINGS ARE HAPPENING IN DURHAM

**FAILURE TO RESPOND TO ANY QUESTION/S OR REQUEST FOR DOCUMENTS MAY
RESULT IN THE DENIAL OF YOUR FIRM'S CERTIFICATION**

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**

Signature **Title**

(Principal Owner or Chief Executive Officer, if Corporation)

CORPORATE SEAL (required for a Corporation)

Firm's Name _____

I, _____ **Notary Public, appointed in the**

State of _____ **, County of** _____ **do hereby certify that**

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.**

Signature