CITY OF SHREVEPORT

OFFICE OF THE MAYOR – OFFICE OF FAIR SHARE

505 Travis Street Suite 260 Shreveport, LA 71101

(318) 673-5009 GO * GROW * COMPETE

FAIR SHARE APPLICATION

The Office of Fair Share will take the steps necessary to ensure that small, disadvantaged, woman and minority owned businesses have equal opportunity to compete for and perform services regardless of race, color, or creed.

I do solemnly declare and affirm under the penalty of perjury, that the contents of the foregoing document are true and correct and include all material information to identify and explain the operations of the business as well as the ownership and control thereof, and that I am authorized on behalf of the business to execute this affidavit. The business/firm agrees to permit the audit and examination of official books, records, and files by any authorized official of the City of Shreveport.

I hereby declare, swear, or affirm that I am the _____ and duly authorized representative of _____ therein called the "business"/ "firm" whose address is: _____

1. That I have read and understand the requirements of the Fair Share Program.
2. That the business/firm will provide any additional information requested by the City of Shreveport to document program qualifications.
3. That the business/firm will provide information about significant changes affecting its ownership and control or any other information contained in this affidavit.
4. That I recognize and acknowledge that any material misrepresentation in the Affidavit will be grounds for termination of any contract which may be awarded in reliance hereon, and for initiating action under federal, state, and local laws concerning false statements.
5. Applicant must provide all requested documentation to include the last three (3) years of business tax returns and a copy of personal net worth statement (We may require a CPA or an accountant verification of personal net worth statement).

Printed or Typed Name: _____

Signature: _____ **Date:** _____

FAIR SHARE AFFIDAVIT

CERTIFICATION WILL NOT BE GRANTED ON INCOMPLETE INFORMATION

1. Name of Firm: _____
2. Address: _____
3. Years in Business: _____
4. Phone Number: _____
5. Email Address: _____
6. Contact Person/Title: _____
7. Legal Structure (must be for profit) Indicate type: ☐ Sole Proprietorship ☐ Corporation ☐ LLC ☐ Partnership ☐ Joint Venture ☐ Other Business
   (Specify Other Business): _____
8. Nature of firm's business: _____
9. Submit complete copies of the firm's federal tax returns for last three years. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firm's last three years Federal tax returns.
10. Does Personal Net Worth exceed $500,000? Yes ☐ No ☐ (We may require a CPA or an accountant verification)
11. Who can sign on the business' account(s)? _____
12. Name of banking institution where account is held? _____
13. Partnership: Identify all the firm's owners:
    a. Name: _____
    b. Male ☐ Female ☐
    c. Ownership % Ethnicity ☐ Citizen: Yes ☐ No ☐
    d. Title/Duties: _____
    e. Name: _____
    f. Male ☐ Female ☐
    g. Ownership % ☐ Ethnicity ☐ Citizen: Yes ☐ No ☐
    h. Title/Duties: _____
14. Give the following information on the available operational resources of the firm:
    a. Number of employees: Full-time: ☐ Part-time: ☐
    b. List major equipment leased and/or owned by the firm: (Attach sheet is necessary)

Equipment	Quantity	Age	Leased/Owned

Background Information

List information for the last three years projects completed:

Customer	Address	Phone #

List information for three major suppliers:

Supplier	Address	Phone #

Copies of the following supporting documents are required for certification and must accompany affidavit:

1. Resume(s) of owner(s)/managers(s) or Capability Statement
2. Copy of Driver's License (Residence requirement – Caddo, Bossier, Desoto or Webster Parish)
3. License(s) to do business in Shreveport-MSA (Caddo, Bossier, Desoto, or Webster Parish), Louisiana Secretary of State LLC Certificate, Articles of Incorporation, Occupational License, Certificate of Occupancy
4. Copy of the last three (3) years of Business Tax Returns
5. Copy of Business Bank Account Signatory Letter
6. Personal Net Worth Statement (We may require a CPA or an accountant verification of personal net worth statement).

I do solemnly declare and affirm under the penalty of perjury, that I have not entered into any oral or written agreement with any person(s) concerning the operations of this company other than as previously disclosed herein.

SIGNATURE: _____ **Date:** _____

Printed or Typed Name: _____

TITLE: _____

SWORN TO AND SUBSCRIBED before me, Notary, this _____ day of 20 ____.

NOTARY PRINTED/TYPED NAME _____

SIGNATURE/NUMBER/SEAL _____