

Housing Authority of New Orleans
Department of Contracts and Compliance



Disadvantaged Business Enterprise Program
Certification Application Form

Housing Authority of New Orleans
4100 Touro Street
New Orleans, LA 70122
504-670-3448
Attn: Pharissa Dixon

Angela Anderson, Director
504-670-3447

**HOUSING AUTHORITY OF NEW ORLEANS
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM**

CERTIFICATION APPLICATION FORM

The undersigned does hereby swear that the statements contained in the application and all attachments, which have been provided in support of this application, are true, accurate, and complete, and include all material information necessary to identify and explain the ownership and operation of:

(Insert Full Name of Business)

The undersigned agrees that, as part of the certification procedure, HANO may freely contact any person or organization named in the application to verify statements made in the application. Any material misrepresentations will be grounds for immediate rejection of the application for certification, termination of any contract which may be awarded, and for initiating action under Federal and State laws concerning fraudulent statements.

If after filing this application, and before work is completed on a contract covered by this program, there is any significant change in the information submitted, the undersigned agrees to inform HANO of the change either directly or through the prime contractor, as applicable.

Name: _____

Title: _____

Signature: _____

Date: _____

Affix Corporate Seal (where applicable)

If Corporate Seal is not affixed, this document must be notarized.

Subscribed and sworn to _____ (Notary Public)
(Seal)

before me this _____ day of _____, 20_____

My Commission expires: _____

Date Signed by Applicant: _____

SECTION 1: GENERAL INFORMATION

Business Name: _____

Business Owner/President: _____

Contact Person: _____ Title: _____

Business Address: _____

Business Telephone: _____ Fax: _____

Email Address: _____ Fed Tax ID: _____

SECTION 2: BUSINESS TYPE

Indicate the products and/or services that you provide. Check all applicable boxes.

- | | |
|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Technology Consulting |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Technology Supplies |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Electrical Supplies | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Plumbing Work/Sewer | <input type="checkbox"/> Brokerage Services |
| <input type="checkbox"/> Plumbing Supplies | <input type="checkbox"/> Property Appraisals |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Messenger Services |
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Janitorial Services |
| <input type="checkbox"/> Grass Cutting Services | <input type="checkbox"/> Other, Please Describe: |

SECTION 3: EVIDENCE OF CERTIFICATION (REQUIRED)

A current letter of certification from one of the Louisiana Unified Certification Program certifying agencies or SBA must be submitted with application. Indicate certifying agency below. If certification has not yet been obtained, see SECTION 6: PROVISIONAL CERTIFICATION. If applying as a Section 3 Owned Business, Evidence of Certification is not required.

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Louisiana Department of Transportation | <input type="checkbox"/> Regional Transit Authority |
| <input type="checkbox"/> Louis Armstrong International Airport | <input type="checkbox"/> Orleans Levee District |
| <input type="checkbox"/> England Airpark Authority | <input type="checkbox"/> City of Shreveport |
- or SBA 8(a) Certification

SECTION 4: MBE/WBE MEMBERSHIP

It is the policy of the Housing Authority of New Orleans that Minority and Women Business Enterprises have the maximum opportunity to participate in the performance of contracts financed in whole or in part with federal funds. In order to monitor and report our success in this area, we ask you to answer the following questions. This information is for statistical purposes of ownership only, and has no effect on whether or not you will be awarded a contract with HANO.

Please check one of the following which best describes the person or person(s) possessing the certification(s) identified in Section 3 above:

- | | | |
|-------------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Woman | <input type="checkbox"/> Other: |

Company Name: _____
(Please Print)

SECTION 5: SECTION 3 BUSINESS CERTIFICATION REQUIREMENTS

SECTION 3 BUSINESS QUALIFICATIONS:

- 1) Business concerns that are 51% or more owned and controlled by residents of any HANO housing site or whose full-time permanent workforce includes 30% of HANO residents of any housing site; or
- 2) HUD Youthbuild program in Orleans Parish; or
- 3) Business concerns that are 51% or more owned and controlled by HANO residents or are low or very low-income Orleans Parish residents or whose full-time permanent work force includes 30% HANO residents or low/very low-income Orleans Parish residents.
- 4) Businesses that subcontract in excess of 25% of the total amount of subcontracts to business concerns identified in the preferences above

Business concerns seeking to certify as a Section 3 business must complete this section. If certifying as a Resident owned business, attach proof of residency.

- 1. Qualifying individual ownership percentage: _____
- 2. Qualifying individual's address: _____

- 3. Attach a list of persons employed by your businesses. Identify each employee by name and title, and list the date of employment, home address, and beginning and ending salary.
- 4. Identify percentage of current subcontracts awarded to Section 3 businesses.

Name of Qualifying Subcontractor	Percent of dollar award of total contract
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 6: PROVISIONAL CERTIFICATION

Business concerns currently seeking certification with a Louisiana Unified Certification Program certifying agency may apply for a ninety (90) day Provisional Certification by providing the following:

- Completed notarized HANO DBE Certification Application
- Proof of majority ownership of applicant
- A copy of business license and/or business registration and/ or business articles of incorporation
- A photo copy of owner's driver's license and birth certificate