



Small Local Business Opportunity (LSBOP) Program Application

Dear Prospective LSBOP Vendor:

Thank you for your interest in becoming registered with Augusta, Georgia as a **Local Small Business (LSB)**.

The applicant firm must be located and operating in Richmond County for at least six months prior to submitting an application for LSB registration. "Operating" means to be the current holder of a valid business license issued by Richmond County for at least six months prior to submitting an application for LSBOP Registration.

For all LSBOP registrations, the following qualifying definition shall apply: **Local Small Business (LSB) means a small business concern whose average annual gross receipts *or* number of employees for the previous three years must not exceed: (1) \$1,500,000.00, (2) Manufacturers – seventy-five (75) employees or less, and (3) Wholesalers – fifty (50) employees or less.**

We have enclosed the LSBOP registration application. All questions on the application must be answered completely and all requested documentation must accompany the application. Failure to complete portions or provide the required documentation may result in the return of your unprocessed application and the denial of registration for your business. The information on the application must be true and accurate to the best of the applicant's knowledge. Augusta, Georgia will keep all submitted documents and information confidential to the extent allowable by law.

Registration does not guarantee any present or future contracts with Augusta, Georgia. All registered vendors must take the necessary steps to bid or propose competitively for business. Please contact our Procurement Department or visit our website to register as a vendor with Augusta, Georgia.

Submit the completed application and documents to the Compliance Department, Attn: DBE/LSBOP Section, Municipal Building, 535 Telfair Street, Suite 530, Augusta, Georgia 30901. Direct all questions to the DBE/LSBOP Coordinator at (706) 821-2406 or visit our website at www.augustaga.gov for more information.

A handwritten signature in blue ink, appearing to read "Freza Edwards", with a long horizontal flourish extending to the right.

Freza Edwards
Compliance Director



PLEASE REVIEW BEFORE COMPLETING APPLICATION

MINIMUM REQUIREMENTS FOR LSBOP REGISTRATION

(Please Note: This list is not exhaustive. It contains a few of the minimum, but not all, requirements for registration. Please make sure you meet the minimum requirements before completing the application for certification.)

- **LOCATED AND OPERATING IN RICHMOND COUNTY FOR SIX MONTHS PRIOR TO SUBMITTING THE APPLICATION FOR REGISTRATION.**
- **IN POSSESSION OF A VALID BUSINESS LICENSE FROM RICHMOND COUNTY FOR AT LEAST SIX MONTHS PRIOR TO SUBMITTING THE APPLICATION FOR REGISTRATION.**
- **INDEPENDENTLY OWNED AND OPERATED BUSINESS CONCERN WHOSE AVERAGE ANNUAL GROSS RECEIPTS OR NUMBER OF EMPLOYEES FOR THE PREVIOUS THREE YEARS DOES NOT EXCEED:**
 - **GROSS RECEIPTS - \$1,500,000.00**
 - **MANUFACTURERS – 75 EMPLOYEES OR LESS**
 - **WHOLESALEERS - 50 EMPLOYEES OR LESS**
- **APPLICANT FIRM MUST BE 51% OWNED BY ONE OR MORE OF THE INDIVIDUALS SUBMITTING THE APPLICATION, WHICH OWNER(S) ARE FURTHER IDENTIFIED AS “APPLICANT FIRM OWNER(S),” AND THE OWNERSHIP MUST HAVE BEEN IN EXISTENCE FOR SIX MONTHS OR MORE; THE APPLICANT FIRM OWNER(S) MUST HAVE MAINTAINED SUCH 51% OWNERSHIP FOR AT LEAST SIX MONTHS;**
- **APPLICANT FIRM OWNER(S) MUST BE A CITIZEN OR LAWFULLY ADMITTED PERMANENT RESIDENT OF THE UNITED STATES AND BE COMPLIANT WITH THE RESIDENCY REQUIREMENTS OF THE SLBE PROGRAM AS DEFINED BELOW.**



INSTRUCTIONS FOR COMPLETING THE LOCAL SMALL BUSINESS OPPORTUNITY PROGRAM (LSBOP) APPLICATION FORMS

All questions must be answered and the requested documents submitted. The signatures of the owner(s) applying for registration **must be notarized** on the Registration, Citizenship and Personal Net Worth Affidavits. Failure to follow these instructions may delay the processing of the application. Questions that do not apply to your firm should be marked "N/A" in the space provided. **A separate registration application should be completed for each firm applying for LSBOP registration status.**

SECTION I – GENERAL APPLICANT INFORMATION

- Provide all requested information in its entirety and be sure to include area codes for all telephone and fax numbers. If the street address and mailing address are the same please enter **"Same as street address"** in the area for the mailing address. If your firm is a home-based business please check "Yes". If your company has a Federal Employer Identification Number (EIN), please provide that number. If not, please provide the Social Security number listed on the firms' tax return. If your firm has a website please list the website address. **Please provide a valid email address as this will be used as the 1st line of contact to your firm (if your email changes, remember to update your email with our office).**
- Check the "Type of Ownership" and "Type of Business." Check if you are locally based inside Richmond County **and** provide your Richmond County business license number. If you hold a State of Georgia professional license as indicated on the application, please provide a copy of the current license with your application.
- Provide a **detailed description** of the service or product your firm provides. Be as clear as possible in the description. List all NAICS codes that apply to your firm. You may refer to the NAICS (North American Industry Code Standards) code listing and provide the code(s) that best describes the service, product or work of the firm. NAICS listings can be found on the internet at <https://www.census.gov/eos/www/naics/>.

SECTION II – COMPANY INFORMATION

- A. Complete if your firm is a Sole Proprietorship.
- B. Complete and provide all requested information if your firm is a Partnership.
- C. Complete and provide all requested information if your firm is a Corporation or a Limited Liability Company. Provide all requested information on the firm's Officers and Board of Directors (if applicable).
 1. Provide the date, city, and state where the firm was started.
 2. Provide the percentage of ownership for each of the firm's owners (list name and percentage)
 3. Provide the number of employees of the firm.
 4. Provide the firm's Annual Gross Receipts for the past three years (preferably from the corporate tax return) **DO NOT LEAVE BLANK**. Include the year and the "Gross" receipts for that year.
- D. Provide the requested information for EACH owner, manager, director, or key personnel and indicate the area of control for each individual. You must provide this information even if there is only one owner, manager, director, key personnel, etc.
- E. Indicate if you are currently bidding on a contract with Augusta, Georgia and provide the RFB or RFP number.
- F. Indicate if all owners are U.S. citizens, if not you must provide proof of residency for non-citizens.

SECTION III – EXPERIENCE

- List the three (3) largest contracts or sales that the firm has worked on or completed in the past three (3) years. If the firm has not worked on or completed any contracts or sales in the last three (3) years **you must** provide the owner's experience in the firm's primary line of business including any licensures or certifications that may be applicable.

- Provide all requested bonding information (*if applicable*).

REGISTRATION AFFIDAVIT

Must be completed for **EACH** owner of the firm & must be signed and notarized.

CITIZENSHIP AFFIDAVIT

Must be completed for **EACH** owner of the firm & must be signed and notarized.

PERSONAL NET WORTH STATEMENT

Must be completed for **EACH** owner of the firm & must be signed and notarized.

SUPPORTING DOCUMENTS REGISTRATION CHECKLIST – All applicants **MUST** follow the checklist for documentation that is required with the application. All LSBOP Registrations Applications may be mailed to or hand delivered to:

**Compliance Department
ATTN: DBE/LSBOP Section
Municipal Building, 535 Telfair Street
Suite 530
Augusta, Georgia 30901**



Local Small Business Opportunity Program (LSBOP) REGISTRATION CHECKLIST

(Minimum Documents Required for All Applicants for Certification)

The Local Small Local Business Opportunity Program (LSBOP) Registration Affidavit must be **signed** and **notarized**. In addition, the following supporting documentation relevant to your legal business enterprise must be submitted to the Augusta/Richmond County DBE Office. Failure to submit all required documentation may result in the return of your unprocessed affidavit and/or the denial of registration. **Certification packages must be neat and legible and returned in the order listed below.**

The documentation required depends on the legal status of the business: Sole Proprietorship (SP); Partnership (P); Corporation (C); Limited Liability Company (LLC); or Limited Liability Partnership (LLP). Check the "**Included**" box to indicate you have provided the document or note N/A. "N/A" responses must be accompanied by a description of the item and an explanation as to why the documents were not submitted.

All documents must be returned in the order listed. Failure to do so may delay the application process

No.	Required Documents for All Applicants	SP	P	C	LLC	LLP	Included
1	Resumes of owners and key management personnel showing education, training, employment and dates.	X	X	X	X	X	
2	Either: (a) Picture I.D. OR (b) Current Passport.	X	X	X	X	X	
3	Signed Federal Corporate Tax Returns filed by the firm and its affiliates for the past three (3) years including all schedules and attachments.	X	X	X	X	X	
4	Signed Owners Personal Tax return including W-2 or 1099 form for the past three (3) years.	X	X	X	X	X	
5	Completed signed and notarized Personal Net Worth Statement for EACH owner	X	X	X	X	X	
6	Proof of capital contribution. Indicate the manner in which ownership of the firm was obtained. Documents may include: cancelled checks, owner's first bank statement, or statement explaining how the business was started and capitalized (this must show the date the business started, etc.).	X	X	X	X	X	
7	Copy of lease, or a rental or management agreement for business premises , including local business phone number, a copy of your deed if the premises are owned, or a notarized statement that the business is home based.	X	X	X	X	X	
8	A list of equipment owned or available (include description of equipment, year acquired, and current value) and copies of lease or purchase agreement (if applicable)	X	X	X	X	X	
9	Vehicle registration for all company owned vehicles (if applicable).	X	X	X	X	X	
10	Copies of all certification and denial of certification letters (if applicable).	X	X	X	X	X	
11	Copy of current year's business license which shows the company is located in Richmond County (applicant must possess a valid Augusta, Georgia business license for 6 months prior to submitting the LSBOP registration application).	X	X	X	X	X	
12	Applicable contractors, professional license(s) and/or permit(s).	X	X	X	X	X	
13	Two (2) executed (i.e. signed by all parties) copies of past/ current contracts/ proposals or purchase order/invoice in full . This information must include name/ address/ contact person of other company, type of work performed or type of contract received and date work completed. One copy must document work for the current year and the second copy must document the previous year's work. Submitted proposals and/or estimates can be provided in lieu of executed contracts IF the firm has not performed work previously.	X	X	X	X	X	
14	Proof of bonding capacity (if applicable).	X	X	X	X	X	
15	Bank signature card (showing date account opened and title of all signers, ex: Pres., etc.).	X	X	X	X	X	
	Corporation	SP	P	C	LLC	LLP	Included
16	Official Articles of Incorporation from the Secretary of State			X			
17	Copies of all stock certificates issued to date (include front & back sides of any canceled or replaced certificates) do not include specimen copies and your firm's stock transfer ledger.			X			
18	Shareholders 'Agreements or any agreements related to (a) Stock options, (b) Stockholder voting rights, (c) Ownership agreements, (d) Ownership of voting securities, (e) Stockholder agreements, (f) Facts pertaining to the value of shares, (g) Restrictions on the disposal stock loan agreements.			X			
19	Minutes of the following meetings: (a) Organizational meetings; (b) Shareholder meetings for the past 24 months; (c) Board of Directors meetings for the past 24 months.			X			
20	Corporate By-Laws.			X			

Limited Liability Corporation (LLC)						
21	Official Articles or Certificate of Organization from the Secretary of State				X	
22	Copies of <i>all</i> stock certificates issued to date (include front & back sides of any canceled or replaced certificates) do not include specimen copies and your firm's stock transfer ledger. (<i>If applicable</i>)		X		X	
23	Partnership Agreement, including the following major causes (a) Buy-out rights, (b) Profit sharing plan, (c) Capital contribution agreement.		X		X	
24	Minutes of the following meetings: (a) Organizational meetings; (b) Shareholder meetings for the past 24 months; (c) Board of Directors meetings for the past 24 months (<i>if applicable</i>).				X	
25	Official Operating Agreement				X	
Limited Liability Partnership or Joint Ventures						
26	Original and any amended Partnership or Joint Venture Agreements				X	X



LOCAL SMALL BUSINESS OPPORTUNITY PROGRAM
AUGUSTA, GEORGIA
COMPLIANCE DEPARTMENT
 535 TELFAIR STREET, SUITE 530
 AUGUSTA, GEORGIA 30901
 Phone: (706) 821-2406
 Email: yjackson@augustaga.gov Web Site: www.augustaga.gov

LOCAL SMALL BUSINESS OPPORTUNITY PROGRAM
REGISTRATION APPLICATION
 Revised: 08/09/19
(THIS IS NOT A DBE PROGRAM)

SECTION I – GENERAL APPLICANT INFORMATION

 Firm Name

 Firm's Federal EIN Number

 Name of Owner

 Title

 Contact Person

 Title

 Street Address of Business

 City

 County

 State

 Zip

Is this a home based business Yes No

 Mailing Address (if different from street address)

 City

 County

 State

 Zip

 Telephone Number

 Fax Number

 Web Site

 Email Address

TYPE OF OWNERSHIP:

- Sole Proprietor
- Partnership
- Limited Liability Partnership
- Corporation
- Limited Liability Company
- Joint Venture

TYPE OF BUSINESS:

- Construction
- Professional Services - Engineering
- Goods & Services – Manufacturer

APPLYING FOR LOCAL SMALL BUSINESS:

- Locally based inside Richmond County

Business License #: _____

PROFESSIONAL LICENSURES

- Electrician Utilities Contractor General Contractor

Please provide a copy of your State of GA license.

- Professional Services / Non-Engineering or Architectural
- Professional Services - Architectural
- Goods & Services / Non-Manufacturer

Description of firm's primary line of business: (Include all scopes of services/products. This is how your business will be categorized and listed on our certified vendor report.)

List all NAICS codes that apply to your firm: (visit <https://www.census.gov/eos/www/naics/> to search for your code)

SECTION II – COMPANY INFORMATION: *Please complete the section below that applies to your business.*

A. SOLE PROPRIETORSHIP

Does the owner report as his/her personal income, for State and Federal income tax purposes, the funds from such business? Yes No

B. PARTNERSHIP

Is fifty-one percent (51%) of the Applicant Firm owned by one or more of the Applicant Firm Owner(s) identified? Yes No

Do the owners report as their personal income for State and Federal income tax purposes more than fifty percent (50%) of the income of the partnership? Yes No

Name(s) of Partners:

Name	Title	Race / Ethnicity	Period of Service		Percentage of Ownership
			From	To	

Date (month, day, year) organized as a partnership _____, in state of _____.
 Date (month, day, year) of initial operation _____, in state of _____.

C. CORPORATION and/or LIMITED LIABILITY COMPANY/PARTNERSHIP

Is this business organized as a corporation in which a majority of the stock is owned by the Applicant Firm Owner(s)? Yes No

If the above answer is yes, does the owner report his/her personal income for State and Federal income tax purposed more than fifty percent (50%) of the distributed earnings of the corporation? Yes No

Date (mm/dd/yyyy) Incorporated _____, in state of _____.

Total commons shares issued as of date of this application:

Common: _____ Preferred: _____ Other: _____

OFFICERS AND BOARD OF DIRECTORS

Enter ALL corporate Officers, Directors, and Shareholders – including Officers and Directors who do not own stock in the business. List all titles for individuals/entities holding multiple titles

Name	Title	Race / Ethnicity	Period of Service <i>mm/yy</i>		Percentage of Ownership
			From	To	

Note: The Local Small Business Opportunity Program is a race and gender-neutral program. The disclosure of race/ethnicity and gender is voluntary.

- (1) Date business started and location: _____
- (2) Percent of ownership held by Applicant Firm Owner(s): _____
- (3) Number of employees: _____
- (4) Firm’s Annual Gross Receipts for previous three years: **(DO NOT LEAVE BLANK)**

Year	Annual Gross Receipts

D. CONTROL

Name	*Race/ Ethnicity	*Gender M/F	Title	Financial Decisions	Management Decisions	Marketing Decisions	Mgt. Technical Personnel	Field Supervisor
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Are you currently bidding on a contract for Augusta, Georgia? Yes No
If yes, indicate name of RFB, RFP or invitation number. _____

F. Are all owners U.S. Citizens: Yes No **If “no”, submit proof of residency for non-citizens.**

SECTION III – EXPERIENCE

List three (3) largest projects (in the past three (3) years) the firm has worked on or completed. Include project owner, type of work performed, and contact Person's name, address and telephone number, and dollar amount of project. *If the firm has not worked on or completed any projects list the owner's experience in the firm's primary line of business.*

A. Project owner: _____
Type of work Performed: _____
Contact person's name, address, and telephone number: _____

Amount of project: _____ Date completed: _____
Owner's experience if no prior worked on or completed projects: _____

B. Project owner: _____
Type of work Performed: _____
Contact person's name, address, and telephone number: _____

Amount of project: _____ Date completed: _____
Owner's experience if no prior worked on or completed projects: _____

C. Project owner: _____
Type of work Performed: _____
Contact person's name, address, and telephone number: _____

Amount of project: _____ Date completed: _____
Owner's experience if no prior worked on or completed projects: _____

D. Bonding Information: *If you have bonding capacity identify the following:*
Name of Agent/Broker: _____
Bonding Limit: _____
Aggregate Limit: _____
Project Limit: _____

REGISTRATION AFFIDAVIT

This form must be signed and notarized for EACH owner.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF REGISTRATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO 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 _____ (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 attachment 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 registration approval by Augusta-Richmond County. I understand that Augusta-Richmond County may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize the DBE Department 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 further certify _____ (firm name) **three (3) year average annual gross receipts do not exceed \$1.5 million, my principal office is located in Augusta-Richmond County and the business owner(s) personal net worth is less than \$750,000.**

I declare, under penalty of perjury, that the information provided in this application and supporting documents relating to my business status and me is true and correct.

Signature: _____ Date: _____

NOTARY CERTIFICATE:

State of Georgia County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by

(Name of person making statement)

Seal:

(Signature of Notary Public-State of Georgia)

Pint, Type, or Stamp Commissioned Name of Notary Public)

Personally known _____ OR Produced Identification. Type of Identification _____

COMPLETION OF THIS FORM IS MANDATORY.

CITIZENSHIP
O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a LSBOP Registration, as referenced in O.C.G.A. § 50-36-1, from Augusta, Georgia, I, the undersigned applicant, verify one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

I, the undersigned applicant, also hereby verifies that I am 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Date

Sworn to and subscribed before me

Seal:

This _____ day of _____, 20 _____

Notary Public

My Commission Expires: _____

COMPLETION OF THIS FORM IS MANDATORY.



**LOCAL SMALL BUSINESS OPPORTUNITY PROGRAM
DISADVANTAGED BUSINESS ENTERPRISE**

Augusta-Richmond County
535 Telfair Street, Suite 530
Augusta, Georgia 30901

Date _____

Personal Net Worth Statement

As of _____ 20__

(These statements are not subject to public disclosure)

Complete this for: (1) each proprietor, or (2) each limited partner or general partner, or (3) each stockholder.

Name: _____ Business Phone: _____

Residence Address: _____ Residence Phone: _____

City, State and Zip Code: _____

Business Name of Applicant: _____

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash and Cash Equivalents	\$ _____	Loan on Life Insurance (Complete Section 5)	\$ _____
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)	\$ _____	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$ _____
Brokerage, Investment Accounts	\$ _____	Notes, Obligations on Personal Property (Complete Section 6)	\$ _____
Assets Held in Trust	\$ _____	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$ _____
Loans to Shareholders & Other Receivables (Complete Section 6)	\$ _____	Other Liabilities (Complete Section 8)	\$ _____
Real Estate Excluding Primary Resident (Complete Section 4)	\$ _____	Unpaid Taxes (Complete Section 8)	\$ _____
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$ _____		
Other Personal Property and Assets (Complete Section 6)	\$ _____		
Business Interests Other Than The Applicant Firm (Complete Section 7)	\$ _____		
	\$ _____		
Total Assets		Total Liabilities	\$ _____

NET WORTH \$ _____

Section 2. Notes Payable to Banks

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

Section 3. Brokerage and custodial accounts, bonds, retirement accounts. (Full Value) (Use attachments if necessary).

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned (including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

	Primary Residence	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
Names on Deed			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name of all Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Equity line of credit balance			
Amount of Payment Per Month/Year (Specify)			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

Section 6. Other Personal Property and Assets (Use attachments if necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals				
Household Goods / Jewelry				
Other (List)				
Accounts and Notes Receivables				

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm).

Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

Section 8. Other Liabilities and Unpaid Taxes (Describe)

Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes No If yes, describe.

I hereby certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I authorize the Augusta-Richmond County Disadvantaged Business Enterprise Department to verify the accuracy of the statements made in order to determine whether I meet the standards for participation in the Local Small Business Opportunity Program. These statements are true and correct to the best of my belief.

Signature (DBE/LSBOP Owner)

NOTARY CERTIFICATE:

(Insert applicable state acknowledged, affirmation or oath)



**General Instructions for Completing the
Personal Net Worth Statement
For LSBOP Eligibility**

Assets

All assets must be reported at their current fair market values as of the date of your statement. Assessor's assessed value for real estate, for example, is not acceptable. Assets held in a trust should be included.

Cash and Cash Equivalents: On page 1, enter the total amount of cash or cash equivalents in bank accounts, including checking, savings, money market, certificates of deposit held domestic or foreign. Provide copies of the bank statement.

Retirement Accounts, IRA, 401Ks, 403Bs, Pensions: On page 1, enter the full value minus Federal tax and penalties that would apply if assets were distributed as of the date of the form. Describe the number of shares, name of securities, cost market value, date of quotation, and total value in section 3 on page 2.

Brokerage and Custodial Accounts, Stocks, Bonds, Retirement Accounts: Report total value on page 1, and on account, retirement account, etc.; the cost; market value of the asset; the date of quotation; and total value as of the date of the PNW statement.

Assets Held in Trust: Enter the total value of the assets held in trust on page 1, and provide the names of beneficiaries and trustees, and other information in Section 6 on page 3.

Loans from you to the firm, other Entities, Individuals, and Other Receivables not listed: Enter current balances of loans you have extended to this firm and to other entities or individuals, plus interest payable on those loans; and other receivables not listed above. Complete Section 6 on page 3.

Real Estate: The total value of real estate excluding your primary residence should be listed on page 1. In section 4 on page 2, please list your primary residence in column 1, including the address, method of acquisition, date of acquired, names of deed, purchase price, present fair market value, source of market valuation, names of all mortgage holders, mortgage account number and balance, equity line of credit balance, and amount of payment. List this information for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, personal property leased or rented for business purposes, farm properties and any other income producing properties, etc. Attach additional sheets if needed.

Life Insurance: On page 1, enter the cash surrender value of this asset. In section 5 on page 2, enter the name of the insurance company, the face value of the policy, cash surrender value, names of beneficiaries, and loans on the policy.

Other Personal Property and Assets: Enter the total value of personal property and assets you own on page 1. Personal property includes motor vehicles, boats, trailers, jewelry, furniture, household goods, collectibles, clothing, and personally owned vehicles that are leased or rented to businesses or other individuals. In section 6 on page 3, list these assets and enter the present value, the balance of any liabilities, whether the asset is insured, and lien or note information and terms of payments. For accounts and notes receivable, enter the total value of all monies owed to you personally, if any. You may also be asked to provide a copy of any liens or notes on the property.

Other Business Interests Other than Applicant Firm: On page 1, enter the total value of your other business investments (excluding the applicant firm). In section 7 on page 3, enter information concerning the businesses you hold an ownership interest in, such as sole proprietorships, partnerships, joint ventures, corporations, or limited liability corporations (other than the applicant firm). Do not reduce the value of these entries by any loans from the outside firm to the DBE/ACDBE applicant business.

Liabilities

Mortgages on Real Estate: Enter the total balance on all mortgages payable on real estate on page 1.

Loans on Life Insurance: Enter the total value of all loans due on life insurance policies on page 1, and complete section 5 on page 2.

Notes & Accounts Payable to Bank and Others: On page 1, section 2, enter details concerning any liability, including name of noteholders, original and current balances, payment terms, and security/collateral information. The entries should include automobile installment accounts. This should not, however, include any mortgage balances as this information is captured in section 4. Do not include loans for your business or mortgages for your properties in this section. You may be asked to submit copy of note/security agreement, and the most recent account statement.

Other Liabilities: On page 1, enter the total value due on all other liabilities not listed in the previous entries. In section 8, page 3, report the name of the individual obligated, names of co-signers, description of the liability, the name of the entity owed, the date of the obligation, payment amounts and terms. Note: Do not include contingent liabilities in this section. Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

Unpaid Taxes: Enter the total amount of all taxes that are currently due, but are unpaid on page 1, and complete section 8 on page 3. Contingent tax liabilities or anticipated taxes for current year should not be included. Describe in detail the name of the individual obligated, names of co-signers, the type of unpaid tax, to whom the tax is payable, due date, amount, and to what property, if any, the tax lien attaches. If none, state "NONE." You must include documentation, such as tax liens, to support the amounts.

Transfers of Assets:

Transfers of Assets: If you checked the box indicating yes on page 3 in this category, provide details on all asset transfers (within 2 years of the date of this personal net worth statement) to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust. Include a description of the asset; names of individuals on the deed, title, note or other instrument indicating ownership rights; the names of individuals receiving the assets and their relation to the transferor; the date of the transfer; and the value or consideration received. Submit documentation requested on the form related to the transfer.

Affidavit

Be sure to sign and date the statement. The Personal Net Worth Statement must be notarized.