



**Small Business and/or Disadvantaged Small Business Enterprise  
Declaration Form**

**Dear Business Owner,**

It is the policy of the City of Lake Charles to award an amount of no less than ten percent of contracts for goods and services to small business and/or disadvantaged small business enterprises. It is also the policy to encourage general contractors to award at least twenty-five percent of their sub-contracted work to disadvantaged small business enterprises. To that end we ask for your cooperation in determining your status by providing the below requested information. This form must be filled out completely and returned to the Office of Community Development & Services. Incomplete or unsigned forms shall be deemed invalid and will be returned for completion.

**RETURN COMPLETED FORM TO:**

**LaKeisha Richard, DBE-SBOP Coordinator**  
**326 Pujo Street, 5<sup>th</sup> Floor, Lake Charles, LA 70601**  
**(337) 491-1461 Office**  
**(337) 491-1437 Fax**  
[lakeisha.richard@cityoflc.us](mailto:lakeisha.richard@cityoflc.us)

**Name of Firm:** \_\_\_\_\_

**Date and State of Incorporation:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

The City of Lake Charles fully complies with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, and related statutes, executive orders, and regulations in all programs and activities. The City operates without regard to race, color, national origin, income, gender, age, and disability. Any person who believes him/herself or any specific class of persons, to be subjected to discrimination prohibited by Title VI/Americans with Disabilities Act may by him/herself or by representative file a written complaint with the City of Lake Charles. The City's Title VI Coordinator/ADA Coordinator may be reached by phone at (337) 491-1440, the Mayor's Action Line at (337) 491-1346, or contact the appropriate Department Head.

**Small Business Enterprise (SBE) Eligibility Criteria**

**Small business shall be defined as stipulated by La. R.S. 38:2233.2E (1) (2) and Sec. 2-28(h) of the City of Lake Charles Code of Ordinances, which are as follows:**

- (1) “Small Business” means a business entity organized for profit, including an individual, partnership, corporation, joint venture, association or cooperative which is domiciled in and has its principal place of business in Louisiana and which is not:
  - a. Dominant in its field of operation or
  - b. An affiliate or subsidiary of a business in its field of operation.
  
- (2) “Dominant in its field of operation” means exercising a controlling or major influence in a business activity in which a number of businesses are engaged. In determining if a business is dominant, the following criteria, among others, shall be considered: Number of employees; volume of business; financial resources; competitive status or position; ownership or control of materials, processes, patents, license agreements and facilities; sales territory; and nature of business activity. The following businesses shall be deemed dominant in their field of operation:
  - a. Manufacturing businesses which employ more than 100 persons and have in the preceding three fiscal years exceeded a total of \$15,000,000.00 in gross receipts.
  - b. Nonmanufacturing businesses which employ more than 25 persons and have in the preceding three fiscal years exceeded a total of \$3,000,000.00 in gross receipts.
  
- (3) “Affiliate or subsidiary of a business dominant in its field of operation” means a business which is at least 20 percent owned by a business dominant in that field of operation, or by partners, officers, directors, majority shareholders, or their equivalent of a business dominant in that field of operation.

**We qualify as a Small Business Enterprise (SBE) owned and operated per the above definition and declaration:**

**YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**Our business structure (sole proprietor, partnership, limited liability company, corporation, etc.) is: \_\_\_\_\_**

**Disadvantaged Small Business Enterprise (DSBE) Eligibility Criteria**

**Small businesses owned and operated by socially or economically disadvantaged persons, Disadvantaged Small Business Enterprises (DSBE), shall be defined as follows:**

- (1) Socially or economically disadvantaged person means a person who has been deprived of the opportunity to develop and maintain a competitive position in the economy because of a social or economic disadvantage. This disadvantage may arise from cultural, social, or economic circumstances or background physical location.
- (2) Socially disadvantaged means anyone who is a member of any group that has historically been subjected to racial or ethnic prejudice or cultural bias within the larger American culture because of his or her identity as a member of this group without regard to the person's individual qualities.
- (3) Economically disadvantaged means anyone who is socially disadvantaged whose ability to compete in the free enterprise system has been impaired due to industry practice and/or diminished capital capacity and/or restricted credit opportunities as compared to others in the same or similar line of business that are not socially disadvantaged.
- (4) Small business owned and operated by socially and economically disadvantaged persons means a small business that is at least 51% owned by one or more individuals that are both socially and economically disadvantaged or is a small business entity at least 51% of its stock or shares must be unconditionally owned by one or more individuals that are both socially and economically disadvantaged and the business management, policy determinations, and daily operations are controlled and operated by such individuals.

**We qualify as a Disadvantaged Small Business Enterprise (DSBE) owned and operated per the above definition and declaration:**

**YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**Please give a brief explanation of your social and economic disadvantage(s) i.e. victim of discrimination or live in low income area:**

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The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

Each organization must self-identify up to three categories, in priority order, which most closely identifies the scope and types of services provided. Categories are derived from the NAICS Association website at <http://www.naics.com/search/>.

**NAICS CODE**

**NAICS INDUSTRY TITLE**

_____	_____
_____	_____
_____	_____

In February 1999, the U. S. Department of Transportation (DOT) issued new Disadvantaged Business Enterprise (DBE) regulations, Title 49 of the Code of Federal Regulations, (CFR) Part 26, to provide uniform requirements from the DOT. The City of Lake Charles has established a Disadvantaged Business Enterprise (DBE) program in accordance with regulations of the U.S. Department of Transportation (DOT), 49 CFR Part 26. The State of Louisiana has developed a Unified Certification Program plan containing the definitions, requirements, process, and forms which is used by qualifying agencies to certify businesses wishing to become a Disadvantaged Business Enterprise (DBE). This information can be found at <http://www8.dotd.la.gov/ucp/>.

If your business entity is a certified DBE as defined by the UCP, please indicate the specific work category and NAICS code found on your certification letter in the below section.

**SPECIFIC WORK CATEGORY**

**NAICS CODE**

_____	_____
_____	_____
_____	_____

**CERTIFICATE OF ACCURACY**

State of \_\_\_\_\_, Parish/County of \_\_\_\_\_

I, \_\_\_\_\_, the owner of the company named  
(Owner Name)

\_\_\_\_\_, located at \_\_\_\_\_,  
(Company Name) (Business Address)

\_\_\_\_\_, City of the State of \_\_\_\_\_, Zip Code  
(City) (State)

\_\_\_\_\_, certify that \_\_\_\_\_, qualifies as a  
(Zip Code) (Company Name)

\_\_\_\_\_, and  
Small Business Enterprise and/or Disadvantaged Small Business Enterprise (indicate above)

I do hereby certify that the information provided herein is true, complete, and accurate to the best of my knowledge and belief.

I understand and acknowledge that the City of Lake Charles reserves the right to verify any information that is relevant to the determination of my status as a Small Business Enterprise and/or Disadvantaged Small Business Enterprise. I further understand that any false or misleading information given in this declaration could result in the City of Lake Charles taking adverse actions against me including but not limited to the suspension of all or a portion of the privileges of my status up to the full revocation of my status.

\_\_\_\_\_  
Signature of Declarant



## **VOLUNTARY SELF-DISCLOSURE OF GENDER & RACE/ETHNICITY**

The City of Lake Charles assures that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity on the grounds of their race, color, national origin, income, gender, age, disability, veteran status, marital status, religion, or any other protected group status as defined by law. The following information, if disclosed, is intended to be used for federal reporting requirements only.

We are subject to certain governmental recordkeeping and reporting requirements and, in order to comply with these laws, we invite you to voluntarily self-identify your race, ethnicity, and gender. Submission of this information is strictly voluntary, and refusal to provide it will not adversely affect your opportunities to do business with the City or to subcontract on City funded projects or result in other adverse treatment. The information obtained will be kept confidential and separate from your information on file and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. We encourage you to please complete the self-identification form below and return it to us as soon as possible.

**NAME:** \_\_\_\_\_

\_\_\_\_\_ I do not wish to self-Identify.

### **GENDER:**

(Please check one of the options below)

\_\_\_\_\_ Male (federally defined)

\_\_\_\_\_ Female (federally defined)

### **RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_ American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

\_\_\_ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

\_\_\_ Other: \_\_\_\_\_

Date completed: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return form to the Office of Community Development & Services via email at [lakeisha.richard@cityoflc.us](mailto:lakeisha.richard@cityoflc.us) or fax at (337) 491-1437.

Thank you.