



Jackson Energy Authority
119 E. College
Jackson, Tennessee 38301

Memorandum

To: Business seeking certification with Jackson Energy Authority's Local Small Business Diversity Program.

From: Pete Johnson, Purchasing Manager

Thank you for your interest shown in the Jackson Energy Authority Local Small Business Diversity Program. Our objectives are to have a positive impact on the local economy while providing more opportunities for small minority and non-minority owned local businesses.

This application for certification must be completed and approved before you are enrolled in our program. Once approved, you will be on our "Preferred Supplier" list.

Remember, you do not have to be certified to do business with JEA. However, certification can provide you with more opportunities to compete for business.

Currently, Fields and Associates, LLC handles this certification process.

To participate in this program, please complete the application along with supporting documentation and submit to:

Fields and Associates, LLC
2112 Hollywood Dr. Suite 11
Jackson, TN 38305
PH: (731) 664-9666
Fax: (731) 664-3999
E-mail hfields@fieldsassociates.net

Attn: JEA Certificate

Application for Certification As a Local Small or Minority Business Enterprise

INSTRUCTIONS AND INFORMATION

Please read these instructions completely and thoroughly!!!

1. **All** questions must be answered. Questions that do not apply to your firm should be marked “N/A”.
2. Certification Affidavit must be signed by the principal owner(s) in the presence of a Notary Public.
3. All documents requested on Certification Checklist must be provided. Mark “N/A” for any items that do not pertain to your company.
4. ***Read and retain for you records the segment explaining the federal 49 CFR guidelines of this program.***

Please note that failure to complete the application as instructed above will delay processing and may result in a denial of certification as a Local Small or Minority Business Enterprise.

For Your Information

1. An on-site review will be required, as part of the certification process. Usually, this is determined by the location of the business. If your application is complete, this should occur within 30 **business days** of receipt of certification package.
2. Additional information may be required during processing period. Delays in submitting requested information will cause a delay in processing the application.
3. ***Changes in ownership, control, or operation should be reported within 30 days of the occurrence. Any changes in ownership or transfer of ownership (2) two years prior to submission of an application with the Jackson Energy Authority will not be acceptable and will be seriously scrutinized for timing and reasons for ownership change.***
4. Firms must be certified/recertified by Fields and Associates, LLC in order to participate in the program administered by the Jackson Energy Authority.
5. Certifications are valid for three years or until question(s) arise concerning current certification, however yearly updates or no change affidavits will be expected every year. Certification Officers will advise of recertification date.
6. An applicant has the right to protest a Denial of certification/recertification by filing an Appeal with Jackson Energy Authority’s Certification Appeal Board.
7. All certified firms will be listed in the Directory of Local Small Business Diversity Program.

**JACKSON ENERGY AUTHORITY
LOCAL SMALL BUSINESS DIVERSITY
PROGRAM**

CERTIFICATION APPLICATION/AFFIDAVIT

NAME OF COMPANY _____

ADDRESS _____

CONTACT PERSON _____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

FEDERAL ID # _____

TYPE OF ORGANIZATION: _____ Partnership _____ LLC
 _____ Corporation _____ Sole proprietorship

DATE _____

SIGNATURE _____

TITLE _____

DATE _____

1. The firm is requesting certification as a: [check appropriate box(es)]

Minority

- Black American Hispanic American Native American
 Local Small Business Asian-Pacific American Native Alaskan
 Asian-Indian American Native Hawaiian Other _____

Female

Female

Handicapped

Handicapped (List Disability _____)

2. Date firm was established under present ownership and name: _____

List all previous names of firm and dates:

3. Indicate nature of firm's business. This should be the type of work the firm is actually performing or is willing and equipped to perform. Please list all goods and services that you can supply.

4. How many employees are currently on payroll? Full Time ____ Part time ____

5. Identify individual owners of the firm: (Attach extra page if necessary)

Name	Title	Race	Sex	Capital Investment Type Dollar Dollars \$ _____
Address		Initial Ownership Date		Equipment \$ _____ Real Estate \$ _____
Home Telephone	U.S. Legal Citizen? Yes __ No __	Ownership Percentage		

Name	Title	Race	Sex	Capital Investment Type Dollar Dollars \$ _____
Address		Initial Ownership Date		Equipment \$ _____ Real Estate \$ _____
Home Telephone	U.S. Legal Citizen? Yes __ No __	Ownership Percentage		

Name	Title	Race	Sex	Capital Investment Type <u>Dollar</u> Dollars \$ _____
Address		Initial Ownership Date		Equipment \$ _____ Real Estate \$ _____
Home Telephone	U.S. Legal Citizen? Yes__ No__	Ownership Percentage		

6. Identify Current Board of Directors:

Name	Title	Race	Voting %

7. Identify Each Officer of the firm:

	Name	Also Employed By:
President		
Vice President		
Secretary		
Treasurer		

8. Identify the name, race, sex and title of those individuals (including owners and non-owners) who are responsible for day-to-day management and decision making, including, but not limited to, those with prime responsibility for the following:

Responsibility	Name	Race	Sex	Title
Financial Decisions (check signing, bonding insurance, bank loans)				
Bidding & Estimating (cost estimates, bid preparation, negotiation)				
Hiring and Firing (of management personnel)				
Purchasing (of major equipment and supplies)				
Sign Contracts				
Supervising (of field operations)				

Marketing and Sales				
Payroll/Administrative				

9. What are the gross receipts for the firm for the last fiscal year?

Yr. Ending _____ \$ _____

10. Specify the firm's Bonding Company and Limit: _____

11. If certified as a DBE, MBE, WBE, HBE in other states, please list states:

Are there any pending applications with other states? Yes _____ No _____

If yes, list states: _____

Does the firm hold the Small Business Administration 8 (a) certification?
Yes _____ No _____

12. Has your firm ever been denied certification as a DBE, MBE, WBE or HBE?

Yes _____ No _____ (If marked "Yes", please include copy of denial letter)

13. If any, what is the source of your Letters of Credit? _____

14. Is your firm a Distributor? Yes _____ No _____

(If marked "Yes", please answer the next questions):

(A) Does your firm stock the items sold? Yes _____ No _____

(B) Do you have a warehouse? Yes _____ No _____

(C) Does your firm... Wholesale _____ Retail _____ Broker _____

15. Do any owners of the firm have ownership interest in any other business(es)?

Yes _____ No _____

If marked "Yes", identify the business and owner's role: _____

16. Identify any owner or officer of the firm who is or has been an employee of another firm that has an ownership interest in, or a present business relationship with your organization. (Present business relationships include shared office space, equipment, financing, or employees; as well as both firms having some of the same officers.)

17. Are there any written or oral agreements concerning the ownership, control, or operations of the firm between any persons associated with the firm? Yes___No___

18. This last part is **optional and is not a requirement of this application**. Frequently, other agencies or states in which you are seeking certification request information from the Jackson Energy Authority. Also, we may need information from other agencies with which you are certified. To reduce the length of time in processing the request, you may sign the following authorization. Please note that this authorization will remain valid until changed by written request.

Release of Confidential Information

I hereby authorize Fields and Associates, LLC to provide information with respect to my LSBDP application to other entities with whom I am also seeking certification as a DBE/MBE/WBE/HBE.

The scope of this release is expressly limited to requests by those entities with whom I am applying or have applied to be certified as a DBE/MBE/WBE/HBE.

I also authorize other entities with whom I have applied for DBE/MBE/WBE/HBE certification to release information and documentation regarding my DBE/MBE/WBE/HBE application on file with those agencies, to Fields and Associates, LLC.

I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signed: _____ Date: _____

(Print Name and Title)

(Print Company Name)

- ∞ Abbreviations used in the Release of Confidential Information section:
 - DBE – Disadvantaged Business Enterprise
 - MBE– Minority Business Enterprise
 - WBE– Woman Business Enterprise
 - HBE– Handicapped Business Enterprise

Jackson Energy Authority (JEA)

CERTIFICATION AFFIDAVIT

(Please read thoroughly and carefully all six statements)

The undersigned agrees to provide through the prime contractor, or If no prime contractor, directly to JEA: (1) current, complete, and accurate information regarding actual work performed on projects; (2) payment thereof; (3) proposed changes, if any, to the foregoing arrangements. Any material misrepresentation will be grounds for terminating any contract that may be awarded and for initiating action under federal or state laws concerning false statements.

The undersigned also agrees to the following conditions:

1. To abide by all rules and regulations of the Jackson Energy Authority governing the certification process hereinafter.
2. Not to seek judicial review until all of the administrative remedies of JEA have been exhausted.
3. To notify JEA within thirty days of any change in ownership, control, management, address, or status.
4. That JEA may, at any time, withdraw the certification after applying its own procedures.
5. **That JEA may automatically deny or rescind certification, If during or after the certification process it finds that the undersigned has submitted false, inaccurate, or misleading information. This is a legally binding document!!**

The undersigned affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ (company name) as well as ownership thereof. We also certify that we have *read* and understand all six conditions stated above.

Signature _____ Signature _____
Date _____ Date _____

∞ *Must be signed by at least one officer if a Corporation; one general partner if a Partnership/LLC; the proprietor if a Sole Proprietorship*

NOTARY

Subscribed and sworn before me this _____ day of _____, 20__

Signed _____, Notary Public in and for the
County of _____ State _____

My Commission Expires _____

CERTIFICATION REQUEST CHECKLIST

Thank you for your interest in the JEA Local Small Business Diversity Program. In addition to the enclosed packet, the following information is required:

- Resume or work history of all owners of the company
- Proof or verification of start-up investment capital by owner(s) (example: front and back of cancelled checks, bill of sale, bank statements, etc.)
- List of company-owned equipment and its estimated value. If in trucking, provide copies of truck titles/registrations and /or lease agreements for non-owner/operated trucks
- Office and equipment lease agreements
- Proof of U.S. Citizenship or permanent resident alien status, Ethnic status, and Sex (if applying as a female owned business). Examples: birth certificates, passports, resident alien cards social security cards and Native American Tribal documents.
- Current (year-to-date) financial statement on the business.
- Copies of the three largest most recent contracts/invoices.***
- Copy of current Home State Certification if out-of-state company
- Copy of Small Business Administration 8a affidavit (if applicable)
- If incorporated, submit Article of Incorporation, By-Laws, copy of first and latest Board of Director's Meeting, copy of stock certificates, copy of stock agreements, copy of stock transfer ledger, and Buy-out rights
- If partnership or limited liability corporations, submit copy of Partnership Agreements
- Do you or any of the firm's other employees either work for or have ownership interest in any other firm? If yes, attach written explanation(s).
- Copy of bank resolution for company's checking and /or savings account (your bank will provide this)
- Completed certification package
- Completed and notarized Certificate Affidavit

Please checkmark all items enclosed; mark "N/A" for items which did not apply to your company. If you have any questions, please contact this office at (731) 424- 7500.