



Small Business Enterprise (SBE) Program

The Small Business Program is designed to include all segments of the business community and is open to participation without regard to race, gender, color, sex, religion, national or ethnic origin, age, disability, or geographic location. The Program is designed to create a level playing field on which small businesses can compete fairly. Firms that are currently certified by the SBA as an 8(a), Small Business (SDB) or firms certified by a UCP as a DBE automatically qualify to participate in the SBE Program. Firms are required to provide a copy of their current certificate or other such document. Once a firm's SBE status is verified, the certification is valid for three years as long as there is no change in ownership, control, business size or personal net worth. On an annual basis SBEs will be required to submit an Affidavit of No Change, Individual Tax Returns, and applicable Business Tax Returns.

MINIMUM REQUIREMENTS

- The firm must be organized as a for-profit business.
- The owner(s) must be a U.S. citizen or lawfully admitted permanent resident of the U.S.
- The personal net worth (PNW) of the owner(s) may not exceed \$2.047 million.
- The firm's gross receipts may not exceed the NAICS cap for the applicable trade(s). NAICS Codes, Industry Title and Size Standards are available at: <https://www.ecfr.gov/current/title-13/chapter-I/part-121>
- Gross receipts include any affiliate businesses owned in whole or in part by the owner(s) of the applicant firm.

Applicant acknowledges that submittal of a SBE Review Form constitutes his/her agreement that the information may be reviewed by the Clark County Department of Aviation and/or its consultants.

SUBMIT THE SBE REVIEW FORM TO:

David Eclips
Harry Reid International Airport
Diversity, Procurement, and Contracts
P.O. Box 11005
Las Vegas, NV 89111
702-261-5226
diversity@lasairport.com

Small Business Enterprise (SBE) Review Form

Checklist of Required Supporting Documents

INSTRUCTIONS: Check (v) each box, as applicable, and submit supporting documents as applicable to the applicant and the applicant firm. If there are any documents that are not applicable, do not check the box, and provide an explanation in the space provided at the end of this form. Only Small Business Enterprise Review Forms that are fully completed with required documentation will be processed. Please note that this Checklist must be signed by the applicant and attached to the application form.

ALL APPLICANTS

1. Work experience resumes for all owners and officers of the applicant firm.
2. Personal Net Worth (PNW) form.
3. Personal tax returns for the past three (3) years for each owner.
4. Applicant firm's tax returns (gross receipts) and all related schedules for the past five (5) years, including all affiliates.
5. Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past three (3) years.
6. SBA 8(a) or SDB certifications, denials and/or decertifications.

Explanation for unchecked boxes:

I have checked all applicable boxes and/or provided explanations for unchecked boxes and attached all required documentation.

Signed: _____

Date: _____

Printed Name: _____

Title: _____

SECTION 1: CERTIFICATION INFORMATION

A. PRIOR/OTHER CERTIFICATIONS

Is your firm currently certified for any of the following program? <i>If yes, check appropriate boxes.</i>
<input type="checkbox"/> 8(a) <input type="checkbox"/> SDB <input type="checkbox"/> Other: Please describe: _____ Name of certifying agency, contact name and telephone number: _____ Note: If you checked either the 8(a) or SDB box, please contact your state UCP as you <u>may not</u> have to complete this application.

B. PRIOR/OTHER APPLICATIONS AND PRIVILEGES

Has your firm (under any name) or any of its owners, Board of Directors, officers, or management personnel ever been debarred, suspended, or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?
<input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ State, Local or Federal Agency: _____ Nature of the action: _____

SECTION 2: GENERAL INFORMATION

A. CONTACT INFORMATION

(1) Contact Name and Title	(2) Legal name of firm	(3) Federal Tax ID (if any)
Name: Title:		
(4) Phone #	(5) Other Phone #	(6) Fax #
()	()	()
(7) E-mail	(8) Website	
(9) Street address of firm (<i>No P.O. Box</i>)	City	County/Parish State Zip
(10) Mailing address of firm (<i>if different</i>)	City:	County/Parish State Zip

B. BUSINESS PROFILE

(1) Describe the primary activities of your firm:

(2) Nature of the firm's business. Check all applicable boxes and add the appropriate NAICS Code(s) on the line. Firm must possess the required license(s) listed below. If the firm's type of business is not listed, check the "Other" box, and describe the service(s)

- AIRPORTS (SUBCLASSIFICATION A-1):** Construction, alteration, and repair of airports, including any navigational equipment lights, beacons, markers, taxiways, runways, hangars, and terminals. _____
- ASBESTOS ABATEMENT:** Cleaning, handling, repair, removal, encapsulation, enclosure, hauling and disposal of materials containing asbestos. _____
- CARPENTRY, MAINTENANCE AND MINOR REPAIRS:** Carpentry, remodeling & repairs, finish carpentry, insulation and weather stripping, overhead doors, and drywall. _____
- CONCRETE CONTRACTING:** Prepare surface and place reinforcement steel and other embedded materials, pour, place, finish and install concrete; apply sealants and other waterproofing products; saw, cut, drill and core concrete and asphaltic paving material.
- EARTHWORK, BASE AND SUBBASE:** Clearing, removing old concrete, roadway and channel excavation, embankments, subbase courses, base courses, etc. _____
- ELECTRICAL CONTRACTING:** Electrical wiring, integrated ceilings, fire detection, low voltage systems, lines to transmit electricity, and photovoltaic. _____
- ELEVATION CONVEYANCE:** Elevator and dumbwaiter, escalator and conveyor, pneumatic tube, and moving walkway. _____
- EXCAVATING, GRADING, TRENCHING AND SURFACING:** Mixing, fabrication and placement of pavement and surfaces consisting of graded mineral aggregates, asphalt, or concrete products. _____
- FENCING & GUARDRAILS:** Assembling, cutting, shaping, fabricating and installation of wood or metal fencing, guardrails, signs, and nonelectrical markers. _____
- FIRE PROTECTION:** Automatic fire sprinklers, fixed fire extinguishing systems, fire alarms. _____
- FINISHING:** Covering floors, finishing counters, plastic tile & wall board, carpet laying, and urethane coatings. _____
- GENERAL CONTRACTOR:** Full B License required. _____
- GLASS AND GLAZING:** Glass and glass products, glass holding members, frames, and hardware, glazing of frames, panels, sash and doors, window walls and storefronts, enclosures for showers, tubs and toilet partitions, and automatic and revolving doors. _____
- LANDSCAPE:** Prepare land, install decorative treatment; plant landscape materials and vegetation; control soil erosion and install non-engineered decorative landscape ponds or non-engineered prefabricated trellises and arbors. _____
- LATHING AND PLASTERING:** Lathing, plastering, drywall, acoustical tile, studs of sheet metal, and coatings of stucco & cement. _____
- Masonry:** Select, cut, and lay brick, other baked clay products, rough cut and dressed stone, artificial stone, precast blocks and structural glass brick or block at random or in courses, with or without mortar. _____
- Material Suppliers:** _____
 - Suppliers of materials kept in inventory for public sales.
 - Manufacturers and suppliers
 - Packers, brokers, and manufacturer's representatives
- PAINTING:** Painting of structural steel and concrete structures, pavement, etc. _____
- PAINTING AND DECORATING:** Painting, wall covering, taping, and finishing, sandblasting, drywall, sheet metal studs, acoustical tile, and urethane coatings. _____

- PLUMBING AND HEATING:** Boilers, fire sprinklers, insulation of pipes and ducts, plumbing, sheet metal, heating, cooling, and circulating air, pipes and vents for gas, water heaters, and chilled water piping. _____

- PROFESSIONAL SERVICES:** Engineers, architects, and surveyors. _____
 - Cost Estimating _____

- REFRIGERATION AND AIR CONDITIONING:** Refrigeration, air conditioning, sheet metal, maintenance, solar air conditioning, and chilled & hot water systems. _____

- ROOFING AND SIDING:** Roofing, siding, insulation and waterproofing. _____

- SEALING AND STRIPING OF ASPHALTIC SURFACES:** The filling of cracks and voice in existing asphaltic surfaces, applicant of sealants and installation of precast bumpers, traffic signs, nonelectrical markers and striping on the services. _____

- SHEET METAL:** Fabricate and install sheet metal, including without limitation, cornices, flashings, gutters, leaders, downspouts for rainwater, pans, food service equipment, ducts, louvres, patented chimneys, flues, and metal roof systems. _____

- SIGNS:** Outdoor advertising, electrical signs, sheet metal and painted signs. _____

- STEEL REINFORCING AND ERECTION:** Reinforcing steel, structural steel, ornamental metal, curtain wall, metal doors & windows, store fronts, prefabricated steel structures, awnings, and louvres, rigging and cranes. _____

- TERRAZZO AND MARBLE:** Installation of terrazzo, marble, and artificial or cultured marble. _____

- TILE:** Cutting, forming, fitting, and installing of tile and board to cover surfaces for waterproofing or decorating, including all tile and products which are plastic, coated with plastic, or made of hardboard, fiberglass, or other materials. _____

- TRUCKING:** Transporting base material, gravel, sand, hot mix, etc. _____

- UNDERGROUND AND UTILITY:** PVC pipe, underground conduit, utility telephone lines, etc. _____

- WRECKING:** Wreck and demolish an existing structure with tools, equipment, and explosives. _____

- Other:** _____

(3) Is your firm "for profit"?

- No **⊗ STOP!** If your firm is a Not-for-Profit, then you do NOT qualify to be certified as an SBE.
- Yes

(4) Type of firm (check all that apply):

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Partnership
- Limited Liability Corporation
- Joint Venture
- Other:

(5) Number of employees:

Full-time:	Part-time:	Total:
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(6) Gross receipts for the last 3 years	Year:	Total Receipts: \$
	Year:	Total Receipts: \$
	Year:	Total Receipts: \$

SECTION 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm. If applicant firm has more than one owner, each owner must provide complete copies of this section. (Applicant shall make additional copies of this Section 3 as necessary)

A. BACKGROUND INFORMATION

(1) Name:		(2) Title:		(3) Home Phone #:	
				()	
(4) Home Address (street and number):			City:	State:	Zip:
(5) U.S. Citizen?		(6) If response is "No" to Question #5, is the applicant a lawfully admitted permanent resident?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			

B. LIST CURRENT LICENSES/PERMITS HELD BY YOUR FIRM (e.g., contractor, engineer, architect, business etc.).

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner.

I _____ (print full name), 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 attachments 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 certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency 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 agree to submit to government audit, examination and review of books, records, documents, and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I certify that I am an owner of the company seeking SBE certification. I further certify that my personal net worth does not exceed the applicable cap of \$2.047 Million.

Signature: _____ Date: _____