



CITY OF LAKE CHARLES

Bidders Application

Return this form to: City of Lake Charles, Finance Department/Purchasing Division,
PO Box 900, Lake Charles, LA 70602 **Phone** (337) 491-1263 **Fax** (337) 491-1405
Email: purchasing@cityoflc.us

Applicant's Name: _____

Name of Business: _____

Business Address: _____

Remittance Address (if different from Business Address) _____

Mail Bidding Forms to: _____

(Representative/Contact Name and Title)

Telephone: _____ Cell: _____ Fax: _____

Would you like to receive bid notifications via email? ☐ Yes ☐ No

Email Address: _____

How long in present business? Years _____ Months _____ Number of Employees: _____

Check type of Ownership: ☐ Individual 1099, Provide Social Security Number: _____

☐ Partnership OR ☐ Corporation Federal I.D. Number: _____

SMALL BUSINESS ENTERPRISE (SBE): ☐ YES ☐ NO

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

DISADVANTAGED SMALL BUSINESS ENTERPRISE (DSBE): ☐ YES ☐ NO

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

DISADVANTAGED BUSINESS ENTERPRISE-UCP (DBE): ☐ YES ☐ NO

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

List below those supplies, materials and/or services that your company can supply to the City
(Business cards and line sheet may be supplied)

| |
|--|
| |
| |
| |
| |

Check below the category that applies to the applicant:

☐ Manufacturer/Producer ☐ Distributor ☐ Service ☐ Wholesaler ☐ Retailer ☐ Construction

If firm is a parent company, what is the status of the firm? ☐ Division ☐ Subsidiary

If firm is a division or subsidiary, list full name of parent company: _____

I hereby certify that no officer, or employee, having a substantial part of capital interest in the above named firm is also an official or employee of any budget unity of the City of Lake Charles and that all the information supplied herein is true and correct to the best of my knowledge and belief.

Signature

Title

Date

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, or national origin. Any person who believes him/herself or any specific class of persons, to be subjected to discrimination prohibited by Title VI and/or 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.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|---|--|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| | 2 Business name/disregarded entity name, if different from above. | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) |
| | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| Social security number | | | | | | | | | | | |
| | | | | - | | | | - | | | |
| or | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
| | | | | | - | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|--------------------------|------|
| Sign Here | Signature of U.S. person | Date |
|------------------|--------------------------|------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



ATTACHMENT "A"

CITY OF LAKE CHARLES INSURANCE REQUIREMENTS

The City of Lake Charles uses Certificial's insurance verification platform. All requirements outlined below must be met in order for a company to become an approved vendor for the City.

A Certificate of Insurance for any of the below tiers must list the City of Lake Charles (326 Pujo Street, Lake Charles, LA 70601) as Certificate Holder.

TIER 1

- Service on and off City properties; Contractors; Deliveries on City properties
 - General Liability
 - \$1,000,000 per occurrence
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Automobile Liability
 - Property damage/Bodily injury - \$500,000 per person, \$500,000 per occurrence OR \$500,000 combined single limit
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Workers' Compensation
 - \$100,000
 - Written by company licensed to do business in the State of LA and acceptable to the City of LC
 - Vendor hold harmless, indemnify and defend the City of Lake Charles

TIER 2 (Light Duty – cars, regular/extended/crew cab trucks, SUVs, small agricultural equipment, etc.

- Paint & Body repairs; Automotive repairs; Equipment repairs
 - General Liability
 - \$1,000,000 per occurrence
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Automobile Liability
 - Property damage/Bodily injury - \$500,000 per person, \$500,000 per occurrence OR \$500,000 combined single limit
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Workers' Compensation
 - \$100,000
 - Garage keeper's
 - \$500,000
 - Written by company licensed to do business in the State of LA and acceptable to the City of LC
 - Vendor hold harmless, indemnify and defend the City of Lake Charles



ATTACHMENT "A"
CITY OF LAKE CHARLES INSURANCE REQUIREMENTS

TIER 3 (Heavy Duty – buses, fire trucks, dump trucks, large agriculture equipment, etc.

- Paint & Body repairs; Automotive repairs; Equipment repairs
 - General Liability
 - \$1,000,000 per occurrence
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Automobile Liability
 - Property damage/Bodily injury - \$500,000 per person, \$500,000 per occurrence
OR \$500,000 combined single limit
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Workers' Compensation
 - \$100,000
 - Garage keeper's
 - \$1,000,000
 - Written by company licensed to do business in the State of LA and acceptable to the City of LC
 - Vendor hold harmless, indemnify and defend the City of Lake Charles

TIER 4

- Drop shipments of materials and supplies
 - General Liability
 - \$1,000,000 per occurrence
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Written by company licensed to do business in the State of LA and acceptable to the City of LC

TIER 5

- Consultants
 - General Liability
 - \$1,000,000 per occurrence
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Professional Liability and/or Errors & Omissions
 - \$1,000,000
 - Automobile Liability
 - Property damage/Bodily injury - \$500,000 per person, \$500,000 per occurrence
OR \$500,000 combined single limit
 - City of LC additional insured
 - Waiver of subrogation when required by written contract
 - Workers' Compensation
 - \$100,000
 - Written by company licensed to do business in the State of LA and acceptable to the City of LC
 - Vendor hold harmless, indemnify and defend the City of Lake Charles



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, 5th Floor, Lake Charles, LA 70601
(337) 491-1461 Office
(337) 491-1437 Fax
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:

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 or fax at (337) 491-1437.

Thank you.