



Orleans Levee District

6920 FRANKLIN AVENUE
COMPLIANCE DEPARTMENT, STE. 106

TEL: 504-286-3100, EXT: 1008

FAX 504-288-5628

New Orleans, LA 70122

March 22, 2007

Ms. Alma Bonnaffons, President
Assorted Products
P.O. Box 26503
New Orleans, LA 70186

Dear Ms. Bonnaffons:

Assorted Products' annual update expires May 1 1, 2007. Attached is an **Annual "No Change" Affidavit** form and the most recent (**within last 3 months**) Personal Financial Statement(s), that your company is required to complete and return to our office. Also attached is a list of items that are to be returned along with your affidavit. **Please include your personal taxes, business taxes, personal net worth statements, financial statements, and W2's for the year 2005. Also include your current occupational license and letters of certification from other agencies (if applicable).**

The Annual "**No Change**" Affidavit and supporting documentation must be received in this office within **15 days** from the above date of this letter. If we do not hear from you in the allotted time, we will assume that you do not wish to remain certified as a DBE and we will start the decertification process. Since the State of Louisiana has been approved for the Unified Certification Program (LAUCP), this decertification will remove you from all other DBE Programs with all agencies within in the State of Louisiana.

If you have questions or need assistance, please feel free to contact this office at (504) 286-3100, ext. 1008 or via email at nmarchand@orleanslevee.com or jcoats@orleanslevee.com. Again, we welcome your continuation as a DBE firm and look forward to a continued working relationship.

Best regards,

Nina Hebert-Marchand

Nina Hebert-Marchand, *Director*
COMPLIANCE DEPARTMENT

NHM/jmc
Attachments

DOCUMENTS TO BE SUBMITTED

The following documents **MUST BE SUBMITTED** with the attached questionnaire and notarized Annual “*No Change*” Affidavit. Failure to provide **any** of the required documents will result in your Affidavit package being returned with no action taken. Please mark an “**X**” in the blank opposite each item submitted. Place “**N/A**” in the blank opposite those items that do not apply.

ALL FIRM MUST PROVIDE THE FOLLOWING ITEMS

- ___ Current personal net worth statement **within the last 90 days**
- ___ Entire copy of personal tax returns and financial statement for owners, including W2s and 1099s for the previous year
- ___ Copies of any other changes that would affect the DBE status of your firm

CORPORATIONS

- ___ Entire copy of federal corporate tax returns for the previous year
- ___ Copies of any licenses and/or permits required to do business
- ___ Current occupational license
- ___ Current letter(s) of certification from other agencies (if applicable)
- ___ Copy of your Articles and By-Laws (if applicable)

PARTNERSHIPS

- ___ Entire copy of federal partnership tax returns for the previous year
- ___ Partnership agreement(s) including any buy out agreement(s) and profit sharing agreement(s)

SOLE PROPRIETORSHIP

- ___ Explanation of sole proprietor’s involvement in any other business

**DISADVANTAGED BUSINESS ENTERPRISE
ANNUAL "NO CHANGE" AFFIDAVIT QUESTIONNAIRE**

NAME OF FIRM: _____

ADDRESS: _____

DATE BUSINESS STARTED: _____

OWNER'S NAME: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

DATE BUSINESS STARTED: _____ FEDERAL TAX ID NO.: _____

NAICS CODE(S): _____

SERVICES PROVIDED: _____

GROSS RECEIPTS FOR PREVIOUS YEAR: _____

(The entire copy of firm's federal tax return (including accountant's financial statement) for previous year must be provided.)

PERSONAL NET WORTH: _____

(Complete attached form in its entirety. Questions that do not apply, please mark N/A. Since Louisiana is a community property State, all assets must be declared and divided equally.)

PLEASE EXPLAIN ANY CHANGES WHICH MAY HAVE OCCURRED REGARDING THE FIRM'S OWNERSHIP, CONTROL, SIZE OR DISADVANTAGED STATUS:

(Supportive evidence must be provided to document any changes listed below.)

“NO CHANGE” AFFIDAVIT

I _____, swear¹ (or affirm) under penalty of law that I there have been no changes in _____ (firm name) circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR, Part 26 and 13 CFR, Part 121. I swear (or affirm) there have been no material changes in the information provided with _____ application for certification, except for any changes about which I have provided written notice to the **ORLEANS LEVEE DISTRICT** pursuant to 49 CFR, Part 26.83(i).

I swear (or affirm) that I am socially disadvantaged because I have been subjected to racial or ethnic prejudices or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in 49 CFR, Part 26.5, without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed \$750,000.00, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I specifically swear (or affirm) _____ (firm name) continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR, Part 26 and _____ (firm name) average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed **\$19,570,000.00**. I am providing the attached size and gross receipts documentation to support this affidavit. I declare under penalty of perjury that the foregoing is true and correct.¹

Signature _____; Date _____, Year _____

On this _____ day of _____, _____, before me appeared (name) _____, to me personally known, who being duly sworn, did execute the foregoing affidavit and did state that he/she was properly authorized by (name of firm) _____, to execute the affidavit and did so as his/her free act and deed.

(SEAL/STAMP)

Notary Public _____

¹Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001(False Statements) and could subject you to fines, imprisonment or both.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

Table with columns ASSETS (Omit Cents) and LIABILITIES (Omit Cents). Rows include Cash on hand & in Banks, Savings Accounts, IRA or Other Retirement Account, Accounts & Notes Receivable, Life Insurance-Cash Surrender Value Only, Stocks and Bonds, Real Estate, Automobile-Present Value, Other Personal Property, Other Assets, Accounts Payable, Notes Payable to Banks and Others, Installment Account (Auto), Installment Account (Other), Loan on Life Insurance, Mortgages on Real Estate, Unpaid Taxes, Other Liabilities, Total Liabilities, and Net Worth.

Section 1. Source of Income and Contingent Liabilities. Rows include Salary, Net Investment Income, Real Estate Income, Other Income (Describe below)*, As Endorser or Co-Maker, Legal Claims & Judgments, Provision for Federal Income Tax, and Other Special Debt.

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Table with columns: Name and Address of Noteholder(s), Original Balance, Current Balance, Payment Amount, Frequency (monthly, etc.), and How Secured or Endorsed Type of Collateral.

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**