



# Orleans Levee District

6920 FRANKLIN AVENUE  
COMPLIANCE DEPARTMENT, STE. 106  
New Orleans, LA 70122

TEL: 504-286-3100, EXT: 1008  
FAX 504-288-5628

March 22, 2007

Mr. Alvin L. Richard, Jr., President  
Richard's Disposal, Inc.  
11600 Old Gentilly Road  
New Orleans, LA 70129

Dear Mr. Richard:

**Richard's Disposal, Inc.'s** three-year certification expired March 23, 2005. Todate, we have not received your recertification application and supporting documentation. If we do not receive it within 15 days, we have no choice but to remove your name from the UCP directory, which is state-wide. This would also remove you from DOTD's, Louis Armstrong New Orleans International Airport, as well as other Louisiana state agencies.

In accordance with the Federal Regulations, 49 CFR Part 26 Louisiana DOT recipients have developed a Unified Certification Program (UCP) which is currently being implemented. A major component of our UCP is to streamline the process for new and existing DBE firms, and to eliminate the burden and expense of completing multiple applications and annual submittals. A system was developed for those firms who maintain certification status with multiple agencies to establish which agency will retain ownership of the firm's records. The *Orleans Levee District* has been selected to maintain your firm's certification records. All correspondence relative to your DBE certification will be handled through this agency. This in no way negates your certification status with any other Louisiana certifying agency. In reality it actually enhances your certification, as your firm is now recognized by all Louisiana certifying agencies who receive federal funding.

I have attached another Recertification Application, directions and the supporting Document Checklist for completing it. Your company is required to complete and return the attached application to our office with **all** supporting documentation which **must include** copies of your 2004 and 2005 business taxes and **financial statements**, as well as your personal taxes/W2s for the same years, personal net worth statement as of March 2007 (**on the attached form only – please duplicate**), **current** occupational license, **current** letter(s) of certification from other agencies (if applicable), a copy of your Articles and By-Laws if not in our files), and copies of any other changes that would affect the DBE status of your firm. If you do not have By-Laws, please include a letter stating that you do not have By-Laws at this time and why.

On your personal net worth form, since this is a community property state, you divide all assets in half and only include your half on the attached form if you are 100% owner. If 50/50 ownership, you must do two personal net worth forms showing half assets on each, and the same if you have multi-ownership. **Please do not include your residence** nor your primary business and assets on the personal net worth statement. However, you must include any other real estate or business holdings. Again, please return this application and all supporting documentation with **15 days** from receipt of this letter.

Anytime you need assistance, please feel free to contact this office at (504) 286-3100, ext. 1008 or via email at [nmarchand@orleanslevee.com](mailto:nmarchand@orleanslevee.com). Again, we welcome your continuation as a DBE vendor and look forward to a continued working relationship.

Very truly yours,

*Nina Hebert-Marchand*

Nina Hebert-Marchand, *Director*  
COMPLIANCE DEPARTMENT

NHM/jmc  
Attachments  
cc: File

## **DOCUMENTS TO BE SUBMITTED**

The following documents **MUST BE SUBMITTED** with the attached Recertification Application. Failure to provide **any** of the required documents will result in your application 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 owner(s), 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



# DBE RECERTIFICATION APPLICATION

NAME OF BUSINESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ NAICS: \_\_\_\_\_

DATE COMPANY WAS ESTABLISHED: \_\_\_\_\_

### TYPE OF FIRM:

\_\_\_\_\_ Sole Proprietorship/ Individual

\_\_\_\_\_ Partnership

\_\_\_\_\_ Corporation

\_\_\_\_\_ Joint Venture

\_\_\_\_\_ Limited Liability Company (LLC)

\_\_\_\_\_ Limited Liability Partnership (LLP)

### OPERATIONS

*(A separate sheet may be used on any of the areas listed below where necessary.)*

List all projects that is currently being performed and has been completed over the past three (3) years. Specifically detail those projects which demonstrate your expertise in the area of certification requested. Also list all projects your firm failed to complete if any, and given an explanation for the failure.

NAME OF AWARING AUTHORITY/COMPANY	DOLLAR AMOUNT OF CONTRACT	DATE OF PROJECT COMPLETION	TYPE OF WORK PERFORMED

List any equipment your firm has obtained during the past three (3) years. Provide proof of purchase and copies of title(s) and/ or registration(s), lease and rental agreements.

TYPE OF EQUIPMENT	DOLLAR AMOUNT OF CONTRACT	QUANTITY

Name of Bonding company\_\_\_\_\_

Bonding Limit: \_\_\_\_\_

Have you renewed your firm’s contractors’ license?

Yes\_\_\_\_\_ No\_\_\_\_\_ License No.\_\_\_\_\_

Have you added any additional work classifications to you license?

Yes\_\_\_\_\_ No\_\_\_\_\_

If, yes please provide the following information along with a copy of your firm’s contractors’ license showing the new work classifications.

CLASSIFIICATION ADDED	QUALIFYING PARTY FOR LICENSING EXAM

**CONTROL**

*(A separate sheet may be used on any of the areas listed below where necessary.)*

**CAREFULLY COMPLETE THE ITEMS LISTED BELOW EVEN IF NO CHANGE HAS OCCURRED.**

Indicate management personnel who control the firm in the following areas. Attach work experience resumes for each person, including dates of employment at each company for each person.

**Financial Decisions:** Responsibility for check signing, acquisition of lines of credit/ loans; surety bonding; supplies, etc.

PERSON(S) RESONSIBLE	TITLE	RACE/ GENDER

**Estimating:** cost estimates, bid preparation, or negotiations

PERSON(S) RESONSIBLE	TITLE	RACE/ GENDER

**Hiring/ Firing of Management Personnel:**

PERSON(S) RESONSIBLE	TITLE	RACE/ GENDER

**Field/ Production Operation Supervisor:** site supervision; scheduling project management services

PERSON(S) RESONSIBLE	TITLE	RACE/ GENDER

**Field Superintendents:**

PERSON(S) RESONSIBLE	TITLE	RACE/ GENDER

**Contract Execution Authority:** List all persons authorized to execute contracts and to submit bids

PERSON(S) RESONSIBLE	TITLE	RACE/ GENDER

**Office Management:**

PERSON(S) RESONSIBLE	TITLE	RACE/ GENDER

**Marketing/ Sales:**

PERSON(S) RESONSIBLE	TITLE	RACE/ GENDER

**AFFIDAVIT OF CERTIFICATION**

*This form must be signed and notarized for each owner upon which disadvantaged status is relied.*

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.**

I \_\_\_\_\_ (full name printed), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of applicant firm \_\_\_\_\_ (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.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

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 acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I hereby certify that I am a/an (circle all that applies):

- a) Female      b) Black American      c) Hispanic American      d) Native American      e) Asian-Pacific American
- f) Subcontinent Asian American      g) Other (specify) \_\_\_\_\_.

I have held myself out as a member of that group and have acted as a member of that group. I certify that I am an owner of the company seeking DBE certification and that I have been subjected to racial or ethnic prejudice or cultural bias within American society because of my identity as a member of the above circled group.

I further certify that my personal net worth does not exceed \$750,000, and that 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 that is not socially and economically disadvantaged.

I declare, under penalty of perjury, that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Executed on \_\_\_\_\_ (Date)

Signature \_\_\_\_\_

(DBE Applicant)

**NOTARY CERTIFICATE:**



**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	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks .....	\$ _____	Accounts Payable .....	\$ _____
Savings Accounts .....	\$ _____	Notes Payable to Banks and Others .....	\$ _____
IRA or Other Retirement Account .....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable .....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance-Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other) .....	\$ _____
Stocks and Bonds .....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance .....	\$ _____
Real Estate .....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value .....	\$ _____	Unpaid Taxes .....	\$ _____
Other Personal Property .....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$ _____
Other Assets .....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ _____
<b>Total</b>	\$ _____	Net Worth .....	\$ _____
		<b>Total</b>	\$ _____

Section 1. Source of Income	(Omit Cents)	Contingent Liabilities	(Omit Cents)
Salary .....	\$ _____	As Endorser or Co-Maker .....	\$ _____
Net Investment Income .....	\$ _____	Legal Claims & Judgments .....	\$ _____
Real Estate Income .....	\$ _____	Provision for Federal Income Tax .....	\$ _____
Other Income (Describe below)* .....	\$ _____	Other Special Debt .....	\$ _____

Description of Other Income in Section 1.

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\*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.)

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

<b>Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
<b>Section 4. Real Estate Owned.</b> (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					
<b>Section 5. Other Personal Property and Other Assets.</b> (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)					
<b>Section 6. Unpaid Taxes.</b> (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
<b>Section 7. Other Liabilities.</b> (Describe in detail.)					
<b>Section 8. Life Insurance Held.</b> (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. <b>PLEASE DO NOT SEND FORMS TO OMB.</b>					

## DESIGNATION OF CONFIDENTIALITY

**BE IT KNOWN** that the Orleans Levee District and \_\_\_\_\_

**Name of Firm**

person, partnership, joint venture, limited liability company, limited liability partnership or corporation doing business in the State of Louisiana, do hereby mutually declare and designate:

All business, financial and proprietary records, as well as information, data or research work reflecting written memorialization of oral information relating to the business practices of and personal history of (owner) \_\_\_\_\_ in order to facilitate the public purpose of the Board of Commissioners of the Orleans Levee District, specifically for purposes of DBE certification, as private and confidential and the undersigned entity communicates such information with the expectation and on the condition that it be used and maintained on a confidential basis only, and that it will not be disclosed to any unauthorized person(s) or entity(ies).

\_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
City State Day Month Year

### ORLEANS LEVEE DISTRICT

\_\_\_\_\_  
Designating Entity

By: \_\_\_\_\_  
**Nina Hebert-Marchand**

TITLE: \_\_\_\_\_  
**Director  
Compliance Department**