



Henry County Water Authority

LOCAL SHELTERED MARKET PROGRAM APPLICATION
DOCUMENTATION TO SUBMIT WITH APPLICATION

Must submit copy of the following:

1. HCWA Vendor Number (Supplier ID) *if already of vendor*
2. Email Address
3. Tax ID Number
4. Copy of current Business License which shows that company is located in one of the following 19 counties, or a municipality within: Butts County, Cherokee County, Clayton County, Cobb County, Coweta County, DeKalb County, Douglas County, Fayette County, Forsyth County, Fulton County, Gwinnett County, Henry County, Lamar County, Newton County, Paulding County, Pike County, Rockdale County, Spalding County and Walton County.
5. All applicants must choose between one (1) and five (5) NAICS/NIGP codes.
6. Company Capability Statement.
7. URL (web) Address and / or social media profile. (if available)
8. An affidavit that business revenue is less than \$10 million annually. Federal Corporate Tax returns including all schedules will be required if contract is awarded.
9. Certificate of Incorporation, and Articles of Incorporation, including Amendments OR Articles of Organizations

The Application Affidavit and all supporting documents must be submitted together. All supporting documents relevant to your legal form of business enterprise (corporation, general partnership, limited partnership, sole proprietor or limited liability company) must also be submitted with the Application Affidavit. Failure to submit all the required documentation will result in a delay in the processing or denial of application of your business.

Dear Prospective Small Business Enterprise Applicant:

This page is to help you properly identify NAICS Codes for your industry for Application.

<p>NAICS Code/ SIC Code Online address for the NAICS Code Standards is: http://www.sba.gov/size/indexableofsize.html</p>	<p>NIGP CODE: Online address for NIGP code: http://doas.ga.gov/state-purchasing/purchasing-tools/nigp-codes</p>
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Please list NAICS or NIGP Codes below:

**HENRY COUNTY WATER AUTHORITY
LOCAL SHELTERED MARKET PROGRAM
APPLICATION AFFIDAVIT**

Name of Enterprise	HCWA Supplier ID# (if already in our system)
Tax ID#	Email Address
FEIN #	E-Verify #

All required supporting documents must be included, along with the signature (e-signature is acceptable) of the authorized persons affixed wherever requested. This Application Affidavit must be signed (e-signature is acceptable) by the Purchasing and Inventory Department.

*Note: All items on this Application Affidavit must be completed and submitted to the Purchasing and Inventory Department at the same time.

In an effort to become registered for participation in the HCWA LOCAL SHELTERED MARKET PROGRAM affiant/applicant offers the following information as evidence of its qualifications:

1. The name of the principal, owner, partner, or corporate officer is:

_____ Title: _____

The mailing address is: _____

City: _____ County: _____ State: _____ Zip: _____

Business Telephone: _____ Fax _____

Mobile: _____

Email Address: _____

2. If you have a current or previous application as a Small Business Enterprise with any Federal agency or governmental entity in Georgia please attach copies of the respective applications, approval letters or certificates APPLICATION AFFIDAVIT.

3. Names, addresses, phone numbers and roles of all key employees and owners.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

The undersigned does hereby swear or affirm that the statements contained in THIS HCWA LOCAL SHELTERED MARKET PROGRAM APPLICATION and all attachments which have been provided in support of the foregoing application for application are true, accurate, complete and include all information necessary to identify and explain the ownership and operation of:

(Name of Business Enterprise)

Further, the undersigned does agree to provide the HCWA with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by the HCWA. The undersigned further agrees that as part of this application procedure, HCWA may contact any person or organization named in this application to verify statements and/or to secure additional information required to grant or withhold participation in the LSMP. The undersigned agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of this application for application or re- application. It is acknowledged that the statements contained in this application are being made under oath and that any misrepresentation shall be deemed grounds for denial of application and may result in the denial or the termination of contracts.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the HCWA evaluation. It is further understood that application will be revoked if after evaluation by HCWA, the applicant is determined to be engaging in activities which violate the intent of the LSMP Program.

PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO HCWA

Providing fraudulent or misleading information, whether provided in this application and affidavit or as part of HCWA's evaluation, and regardless of intent, or the identity person or persons, or their relationship to the applicant, is grounds to, reject the applicant, revoke LSMP participant status, and cancel any contract awarded. Furthermore, providing fraudulent and misleading information may subject the responsible parties to civil and criminal liabilities.

ATTESTATION: I CERTIFY THAT ALL REPRESENTATIONS IN THIS APPLICATION AFFIDAVIT ARE CORRECT AS OF THE DATE STATED.

(Name of Enterprise)

Name of Person Signing: (Print) _____

Title of Person Signing: (Print) _____

Signature: _____
(Must match name of person signing)

To submit on line please save to your computer then upload by using the form on this [link](#).