



SLBE Application Instructions

1. Review the Sample SLBE Application that best fit your legal structure and the IRS tax schedule your firm utilizes. They can be found below the application.

SLBE & MBE Programs

WSSC Water Small Business Program

Small Local Business Enterprise (SLBE)

The Small Local Business Enterprise (SLBE) Program is a race- and gender-neutral program, administered by the Office of Supplier Diversity & Inclusion. Its goal is to encourage significant participation in WSSC Water's contracting opportunities and to promote sustainable economic growth for small firms principally located in Montgomery and Prince George's Counties, the Commission's bi-county territory.

Related Links

- [SLBE Guidelines](#)
- [SLBE Application \(PDF Fillable\)](#)
- [Sample SLBE Application Guide - LLC](#)
- [Sample SLBE Application Guide - Corporation](#)
- [Sample SLBE Application Guide - Partnership](#)
- [WSSC Water Supplier Portal System](#)
- [Office of Supplier Diversity & Inclusion](#)

Sample Applications

2. Complete the SLBE Application by typing your responses as demonstrated below using the online fillable feature. (if you're unable to type your responses, print the document and legibly write your responses)

SECTION I: BUSINESS PROFILE

Date: 4/8/2020 (mm/dd/yyyy)

1. Name of Business: Luck Brand, LLC

2. Principal Business Address: 14501 Sweitzer Lane
Laurel Prince George's MD 20701
City County State Zip
Business Phone 555-555-5555 Email Address luckbrand@luckbrand.com

2 a. Is this a home office? Yes No

3. Mailing Address: Same as Principal Business Address? YES No
Address:
City County State Zip

4. Name, title and telephone number of contact person: John Smith, CEO
555-555-5555

5. Federal Tax Identification: W452679899

6. Legal Structure (Check one):
 Corporation Limited Liability Company (LLC) Limited Liability Partnership
 Partnership Individual Proprietor Unknown (Please explain)
Provide copies of license(s), certificate of incorporation, articles of organization.

7. Principal Contracting Area (Check one):
 Architecture & Engineering Goods & General Services
 Construction Professional Services
Please fill in NAICS Code (<http://www.census.gov/epcd/www/naics.html>)
Primary NAICS code 555555 Secondary NAICS code

8. Please list specific products and/or services provided:
Design

9. What is your primary industry? * (Check only one):
 Construction Retail Manufacturing
 Wholesale Architecture & Engineering Service

*Your firm's gross sales and size will be evaluated based on your primary industry.



3. Email completed applications through our secure network to slbeprogram@wsscwater.com with the subject line: **SLBE Application**. Ensure that all tax documents are signed.



INSTRUCTIONS AND CHECKLIST TO ENSURE YOUR APPLICATION IS COMPLETE

SECTION I: BUSINESS PROFILE

If your firm is not located in Prince George's or Montgomery Counties, please submit proof of employee presence.

You must be registered in the Supplier Portal before completing this application.

Use the legal name of your business when completing the application. Do not use DBAs or trade names.

Provide the business address where you may receive correspondence from WSSC Water.

All firms should be registered with the IRS and have an employer's ID number, separate from their social security number. Please provide your Maryland Department of Assessments and Taxation number and Federal Tax Identification number.

Identify and select your firm's legal designation (LLC, Corporation, Partnership) and submit tax documents based on your designation.

Select your firm's primary industry.

Provide a brief description of the services your firm provides.

Provide the number of employees of your firm currently employs.

Provide the amount of your gross revenue before deducting expenses, this number should agree with the total revenue amount on your tax return. Submit documentation in the form of federal corporate tax returns for the past three fiscal years listed in your gross sales. Substitute pages 1&2 of the Schedule 1040 for years with no business sales.

Provide the date your business was started or acquired.

Provide three years of business taxes, sign and date all documents. Review the Sample Application Guides on our website to view the pages required from the tax schedule your firm uses to file its business taxes. Do not send documents with passwords.

SECTION II: PERSONAL INFORMATION

The complete name(s) of the owner(s), titles and ownership.

Provide the name, title and percentage for all partners and stakeholders in the business.

Submit the most recent Schedule 1040 (pages 1&2) and IRS Form 4506-T for each owner.

Submit a copy of signed personal resumes for all owners. (New applicants only)

Email completed applications through our secure system; all applications are encrypted to secure sensitive information.

Email Completed Applications and Required Documents to:

**SLBEProgram@wsscwater.com
(do not mail)**

SMALL LOCAL BUSINESS ENTERPRISE (SLBE) Guidelines

The Small Local Business Enterprise (SLBE) Program was established to assist small businesses located in Prince George's and Montgomery Counties. A business enterprise may qualify as a small local business for purposes of the program without regard to the race, ethnicity, or gender of the participants in the business enterprise. Your firm must meet all of the following eligibility criteria (1-4):

1. An independently owned and operated for-profit business dominant in its field of operation, and that is performing a Commercially Useful Function.
2. A Principal Place of Business or Significant Employment Presence (at least 25%) in Montgomery or Prince George's County.
3. Meets the following size standard eligibility requirements for Small Business Enterprises as defined under the State of Maryland regulations adopted by the Department of General Services pursuant to State Finance & Procurement Article § 14-203 and as codified in the [WSSC Code of Regulations Chapter 6.35](#)
 - a. Wholesale operations of the business did not employ more than **50** persons, and the gross sales of the business did not exceed an average of **\$4,000,000** in its most recently completed 3 fiscal years;
 - b. Retail operation of the business did not employ more than **25** persons, and the gross sales of the business did not exceed an average of **\$3,000,000** in its most recently completed 3 fiscal years;
 - c. Manufacturing operations of the business did not employ more than **100** persons, and the gross sales of the business did not exceed an average of **\$2,000,000** in its most recently completed 3 fiscal years;
 - d. Service operations of the business did not employ more than **100** persons, and the gross sales of the business did not exceed an average of **\$10,000,000** in its most recently completed 3 fiscal years;
 - e. Construction operations of the business did not employ more than **50** persons, and the gross sales of the business did not exceed an average of **\$7,000,000** in its most recently completed 3 fiscal years;
 - f. Architectural and engineering operations of the business did not employ more than **100** persons, and the gross sales of the business did not exceed an average of **\$4,500,000** in its most recently completed three (3) fiscal years. *
4. The business has been established for at least one year or the principals of the business have at least three years of relevant experience prior to forming or joining the business.

* If a business has not existed for more than three (3) years, the gross sales average is computed for the period of the business's existence.

All vendors seeking to do business with WSSC Water must register in our Supplier Portal Database. To register, go to <http://www.wsscwater.com/supplier>.

**WASHINGTON SUBURBAN SANITARY COMMISSION (WSSC) SMALL,
LOCAL BUSINESS ENTERPRISE (SLBE) APPLICATION AFFIDAVIT**

The Undersigned does hereby make the following Affidavit. I

Print Name

acknowledge that I am the

and an authorized agent of

Print Title

. I do solemnly declare and affirm, under the penalties of

Print Company Name

perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief.

Company Name

Signature

SECTION I: BUSINESS PROFILE

Date: (mm/dd/yyyy)

1. Name of Business:

2. Principal Business Address:

City County State Zip
Business Phone Email Address

2 a. Is this a home office? Yes No

3. Mailing Address: Same as Principal Business Address? YES No

Address:

City County State Zip

4. Name, title and telephone number of contact person:

5. Federal Tax Identification:

6. Legal Structure (**Check one**):

Corporation Limited Liability Company (LLC) Limited Liability Partnership
Partnership Individual Proprietor Unknown (Please explain)

Provide copies of license(s), certificate of incorporation, articles of organization.

7. Principal Contracting Area (**Check one**):

Architecture & Engineering Goods & General Services
Construction Professional Services

Please fill in NAICS Code (<http://www.census.gov/epcd/www/naics.html>)

Primary NAICS code Secondary NAICS code

8. Please list specific products and/or services provided:

9. What is your primary industry? * (**Check only one**):

Construction Retail Manufacturing
Wholesale Architecture & Engineering Service

*Your firm's gross sales and size will be evaluated based on your primary industry.

BUSINESS PROFILE (cont.)

10. How many people do you currently employ?
Employment will be calculated based on the number of "Full-Time Equivalent" (FTE) employees.
11. List your gross annual sales, before deducting expenses for the last three (3) fiscal years.
Submit signed documentation in the form of a limited review prepared by a CPA or signed federal corporate tax returns. Include all schedules as reported to the IRS (include current and prior two years).

(Businesses less than three years old gross sales average is computed for the period of the business's existence, substitute signed personal federal income tax returns for appropriate years.)

Fiscal Year	Gross Annual Sales
	\$
	\$
	\$

12. The date your business was established (mm/dd/yyyy).
13. The year the company was acquired by owner (mm/dd/yyyy), if applicable.
14. Provide a list of WSSC Water contracts awarded to your firm in the last twelve months.
15. Have you and/or any of your business partners worked for WSSC Water and/or have family members working for WSSC Water within the past 12 months?
(**Check one**) Yes No
16. Does your business have any subsidiaries/affiliates, or are you a subsidiary, affiliate or franchise?
(**Check one**) If yes, Yes No
please explain:

17. How did you hear about us? OSDI Event Website Other

SECTION II: PERSONAL INFORMATION

1. Name of owner(s):

2. Owner's Address:

City

State

Zip

List all partners and/or stakeholders in business—provide names, titles and percentage of ownership:

Name	Title	Percentage

3. Are you a U.S. citizen? Yes No

If no, provide Resident Expiration:

4. Are you a Service-Disabled Veteran (SDV)? Yes No

5. Please submit signed copies of your personal tax returns (*including all schedules and W-2 forms*) for the year immediately preceding the date of this application.

6. Please submit a signed copy of IRS 4506, "Request for a Copy of Tax Return." (Form can be downloaded from IRS website at www.IRS.gov.) **(DO NOT SUBMIT TO THE IRS OR SUBMIT CHECK)**

7. Please submit a signed copy of resumes including education, training, and employment experience (***New Applicants Only***) for all partners and stakeholders.

SLBE APPROVAL

Approved SLBE/SDV-SLBEs shall file with the Office of Supplier Diversity & Inclusion a completed renewal application every two years, 60 days prior to expiration of their SLBE status. [WSSC Code of Regulations Chapter 6.35](#).

RIGHT TO AUDIT

The Office of Supplier Diversity & Inclusion reserves the right to periodically audit any SLBE/SDV-SLBE firm with respect to the firm's SLBE status. Such audits may include but are not limited to: inspection of the firm's office (i.e., field compliance), job site, contract-related records and documents, and interviewing the firm's employees, subcontractors, vendors and customers as reasonably necessary to ensure that all eligibility standards are satisfied and that the integrity of the SLBE Program is maintained. [WSSC Code of Regulations Chapter 6.35](#).

GRADUATION

A SLBE/SDV-SLBE firm shall graduate from the SLBE Program whenever the firm has received a cumulative total in Prime and/or subcontract payments of either: (i) \$10 million for WSSC Water A&E, Goods & Services and Professional Services contracts; or (ii) \$14 million for WSSC Water Construction contracts and/or subcontracts since the firm's initial approval as an SLBE/SDV-SLBE firm. [WSSC Code of Regulations Chapter 6.35](#).