

GUCP DBE/ACDBE Certification Personal Narrative Form

Social and Economic Disadvantage Personal Narrative (PN) Form

Section 1: Applicant Information

Full Name *

Business Name *

Email Address *
Example@example.com

Phone Number *
Please enter a valid phone number.

Citizenship Status: *

U.S. Citizen

Lawfully Admitted Permanent Resident

If claiming Native American, Native Hawaiian, or Alaska Native status:

Tribal Enrollment Documentation:

Legal Recognition Documentation (State/Federal):

Section 2: Social and Economic Disadvantage

What: Describe your disadvantage in accessing capital and other financial resources

If the below section does not apply to your firm, then please enter N/A or Not Applicable for each of the respective fields below to continue

When: *
0/200

Where: *
0/200

Who: *

Section 2 (Continued)

Details *

0/1000



Why this demonstrates bias *



How and to what extent the disadvantage caused harm, including a full description of type and magnitude *



Section 2A: Economic Disadvantage - In Fact:

If the below section does not apply to your firm, then please enter N/A or Not Applicable for each of the respective fields below to continue

List assets above and financial interests (e.g., homes, businesses, rental properties): *



Describe lifestyle and access to wealth that may affect perception of disadvantage: *



Personal Net Worth (PNW) Statement: *

Attached is a Personal Net Worth Statement form that must be completed and submitted to the GDOT or MARTA depending on the certifying Agency that provided your firm's original certification. Reminder that firms located in Clayton, Dekalb or Fulton county are certified by MARTA.



Section 3: Social and Economic Disadvantage

What: Describe your disadvantage as experienced in an academic environment

If the below section does not apply to your firm, then please enter N/A or Not Applicable for each of the respective fields below to continue

When: *

Where: *

Who: *

Details *

Why this demonstrates bias *

How and to what extent the disadvantage caused harm, including a full description of type and magnitude *

Section 4: Social and Economic Disadvantage

What: Describe your disadvantage as experienced in business and/or employment

If the below section does not apply to your firm, then please enter N/A or Not Applicable for each of the respective fields below to continue

When: *

Where: *

Who: *

Details *

Why this demonstrates bias *

How and to what extent the disadvantage caused harm, including a full description of type and magnitude *

Signature & Certification

Your Signature (Type Full Name)

By signing, you certify all information provided is accurate.

By using this form, you agree to monitoring of data, and acknowledge you are conducting legitimate business.